Income

ELDERLY
RESIDENTS
IN ONTARIO

ELDERLY RESIDENTS IN ONTARIO:

INCOME GROUP DIFFERENCES

ACKNOWLEDGEMENTS

SUMMARY

This paper is part of a series on the findings of the USCO study. In this paper the particular characteristics of persons at various income levels are explored. The findings suggest significant differences in the demographic characteristics, living situation, and preferences among the income groups.

In the population surveyed 27% of all respondents fell into the lowest income group, (below $600), 15% were in the second group ($600-799), 19% were in the third group ($800-999), and 39% were in the highest group ($1,000+).[1] The respondents in the highest income group were most heavily concentrated in the two largest urban centres: Toronto and Windsor.

Increasing age tended to be associated with lower incomes. Persons aged 85+ made up thirteen percent of the lowest income group compared to three percent of the highest income group. The highest income group was comprised primarily (75%) of persons aged 62-74. Women were more likely than men to be found in the lower income groups. Women represented 76% of the persons living on an income below $600. They represented less than one-half (43%) of the highest income group. The highest income group was characterized by the overwhelming proportion of married persons (78%). Widows were in the poorest financial situation representing 66% of the lowest income group.

The respondents with higher incomes differed from those with lower incomes by their housing situation. Increased income was accompanied by a greater likelihood of living in houses, of owning one's own house, and of living with others.

Income group differences were examined in relation to social contacts. The total number of family contacts maintained by the respondents decreased as income decreased. However, the frequency of contacts with family did not vary across income groups.

The participation of the respondents in 21 leisure activities was measured. The respondents who had lower incomes participated in fewer activities. For all activities considered, the respondents in the highest income group represented the highest percentage of participants. In interpreting these findings it must be recognized that the respondents in the lower income groups were generally older than those in the higher income groups.

Ninety-four percent of the total sample reported barriers which they claimed kept them from participating to the extent they desired in leisure activities. The barrier to participation cited most frequency by the respondents in the

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lowest income group was health. The respondents in the
highest income group had the greatest tendency to report that
they were too busy. With increased income the respondents
were less likely to cite health and the absence of
transportation as barriers and more likely to report that
expense kept them from participating to the extent they
desired.

The health status of the respondents was determined on the
basis of self-reports. Six measures of health status were
used: subjective rating of health, comparison of health with
five years previous, extent to which health conditions stand
in the way of doing things persons want to do, number of
health conditions, number of interfering health conditions,
and mobility. The health status of the respondents in the
higher income groups tended to be better than the health
status of those in the lower income groups. The respondents
in the higher income groups were also younger than those in
the lower income groups. In comparison to persons in the
lower income groups, persons in the highest income group rated
their overall health higher, identified less deterioration in
recent years, reported less impairment in day to day
activities, and identified fewer interfering conditions.

Although the health status of the respondents was found to
vary across income groups, income group differences were not
prominent in the respondents' use of the health care system.
Visits to family doctors and specialists did not vary across
groups. The groups were found to differ, however, in the
frequency with which they were hospitalized. The respondents
in the lower income groups had a greater likelihood of being
hospitalized. Once hospitalized, they remained in the
hospital for longer periods of time. This finding may well be
attributed to the fact that persons in the lower income groups
were older than those in the higher income groups.

The functional health status of the respondents was measured
by their ability to carry out activities of daily living
(ADLS). To measure this ability, selected items of the OARS
instrumental and physical ADL scales were used. The ability
to perform nine ADLS was measured. The ADLS included: using
the telephone, shopping, preparing meals, doing heavy
housework, handling money, dressing, taking care of one's own
appearance, getting in and out of bed and bathing. The
respondents who indicated difficulty with or an inability to
carry out the activities were considered to have disabilities.

Significant differences across income groups were found in the
number of disabilities reported. Increased income was found
to be associated with less likelihood of reporting
disabilities. This relationship might be spurious in view of
the age differences across groups. At least one disability
was reported by 39% of the respondents in the lowest income
group compared to 23% of the respondents in the highest income
group.

The groups differed in their receipt of assistance with day to day activities. The persons (62%) most likely to receive assistance fell into the lowest income group. The respondents in the highest income group (40%) were the least likely to receive assistance.

The sources of assistance used by the respondents for the 22 day to day activities differed by income group. Children provided the largest proportion of assistance to the respondents in the two lowest income groups. Spouses provided most assistance to the respondents in the third income group and paid help provided the largest proportion of assistance to the respondents with the highest incomes. The role of the family as assistance providers decreased as income increased. The use of community agencies was associated with lower incomes.

The respondents were asked if they could use any additional assistance with day to day activities. The number of respondents who requested additional assistance did not vary across groups. Requests came from 24% of the respondents in the lowest income group compared to 25% of the respondents in the highest group.

Information was obtained on the type of housing arrangements the respondents would be interested in should they be unable to care for their own needs. The respondents were presented with five housing options (moving in with family, moving in with friends, staying at home with community services to assist, staying at home with family/friends to assist, and moving into a supportive housing arrangement) and were asked to indicate their interest in each. Statistically significant differences across income groups were found in relation to the interest expressed in two options, namely, moving in with family and staying at home with the assistance of community services. The respondents in the lowest income group were the most likely to express an interest in moving in with family. The respondents in the two highest income groups had the greatest tendency to express an interest in remaining at home with the assistance of community services.

In this survey information was gathered on the modes of transportation used by the respondents for three activities (shopping, medical appointments, social occasions) and the problems associated with those modes. The largest proportion of respondents in the three highest income groups drove themselves to all activities. The likelihood of driving one's self increased with income. The respondents in the lowest income group were more apt to walk when going shopping and to be driven by relatives to medical appointments.

The number of respondents who reported transportation problems did not differ among income groups for shopping or social activities. However, there were significant differences in the number of respondents who reported problems with transportation to medical appointments. The respondents in the highest income group were the least likely to encounter problems.

It is noteworthy that the use of public transportation did not vary by income. However, the use of taxis did. Taxis were most frequently used by the respondents in the lowest income group.

The difficulties the respondents had in meeting expenses were considered. Ten percent of the total sample reported difficulties. The respondents in the two lowest income groups were more likely than the respondents in the two highest groups to indicate difficulties.

When asked how additional income would be spent if it was available, the largest proportion of respondents said they would spend it on trips, followed by housing and transportation. Medical needs and food were least frequently mentioned. The proposed use of additional income on housing, food, recreation and trips varied among income groups. The lower the income the more likely the respondents were to opt for spending additional income on the more practical items such as food and housing and the less likely they were to consider trips and recreation.

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1. **INTRODUCTION**

This paper is part of a series on the findings of the United Senior Citizens of Ontario survey. The principal objective of the survey was to systematically examine the living situation of elderly persons who reside in the community and outside of institutional settings. In this survey a scientific random sample of 846 persons was interviewed from eight areas across the Province. These areas include five urban centres: Brockville, Penetanguishene, Sault Ste. Marie, Toronto and Windsor, and three rural communities: Athens, Bruce Mines and Cookstown.

The purpose of this paper is to examine the particular characteristics of persons at various income levels. The reason for this consideration is grounded in the assumption that income can be a significant contributing factor to both lifestyle characteristics and access to resources.

The income data was gathered by providing the respondents with a card listing nine income groups and asking them to indicate the group into which their total monthly income (combined with their spouse) fell. For purposes of analysis the nine groups were collapsed to four: a) below $600,[1] b) $600-799, c) $800-999, d) $1,000+. These groups were determined on the basis of both the number of respondents in each group and the extent to which these categories were useful discriminators when some of the principal demographic variables were considered.

In light of the fact that the respondents were asked to indicate their income from all sources and where applicable to include the income of their spouse, marital status differences are examined. When statistically significant differences are found they are reported. Two groups are compared in these analyses: the married respondents and the unmarried respondents. Included in the unmarried group are divorced, separated, single and widowed persons.

In examining the living situation of the respondents across the four income groups, consideration is being given to demographic characteristics, health status, use of the health care system, social contacts, recreation, receipt of assistance, requests for additional assistance, providers of assistance, housing preferences, transportation use, and proposed use of additional income.

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[1] On July 1, 1982, when this survey was conducted, the federal and provincial governments guaranteed the following total payments through the Old Age Security, Guaranteed Income Supplement and GAINS-A programs: $529.29 for single seniors and $1,003.28 for married seniors.

Income group differences are given primary attention in
this paper. The living situation of the sample as a whole
has been described in previous papers, each covering a
specific topic. The reader should refer to these papers as
basic references for any further comparison of the data.

2. SOURCES OF INCOME

The respondents received income from a number of sources.
The chart below illustrates the proportion of respondents
who received income from the eleven most common sources.

	(N)	%
Old Age Security	(829)	98
Guaranteed Income Supplement (GIS)	(318)	38
GAINS-A	(141)	17
Canada Pension Plan	(62)	74
Pension from Former Employer	(343)	41
Income from Current Employment	(92)	11
Interest from Savings and Earnings		
from Investments	(555)	66
Capital Gains	(32)	4
Other Sources:		
Workmen's Compensation	(5)	1
Veteran's Pension	(17)	1
Other Pensions	(11)	1

The most frequently reported sources of income were Old Age
Security, Canada Pension Plan and interest from savings and
earnings from investments. Over one-third of the
respondents received the federal income supplement (GIS);
less than one-fifth received the provincial income
supplement (GAINS-A).

3. DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of the persons in the four
income groups are reviewed in this section. Consideration
is given to their community of residence, age, sex, marital
status, education, employment status, and housing.

In the population surveyed 27% (n=217) of the total sample
fell into the lowest income group (below $600); 15% (n=116)
were in the second group ($600-799); 19% (n=148) were in
the third group ($800-999), and 39% (n=307) were in the
highest group ($1,000+). Table 1 shows the differences in
the income distribution of the respondents across
communities. Persons in the lowest income group (below
$600) made up 21% (n=20) of the population in
Pentanguishene compared to 33% (n=14) of the population in
Brockville. The two most populous urban centres (Windsor
and Toronto) had the largest proportion (40% and 49%
respectively) of respondents in the highest income group.

Increased age tended to be associated with lower incomes. Persons aged 85+ made up thirteen percent of the lowest income group compared to three precent of the highest income group. The highest income group was comprised primarily (75%) of persons aged 62-74. See Table 2.

Women were more likely than men to be found in the lower income groups. Table 3 shows that women represented 76% (n=163) of the persons living on a monthly income below $600. They comprised 59% (n=66) of the second income group, 51% (n=76) of the third income group and less than one-half (43%, n=130) of the highest income group. As monthly income increased, the recipients were less likely to be women.

Income was also found to be related to marital status. Table 4 shows that the majority (78%, n=241) of persons in the highest income group were married. Although, this finding is in large part explained by the fact that a joint income is reported for persons who are married, the proportion is still considerably larger than for all of the unmarried groups. Widows were in the poorest financial situation representing 66% (n=143) of the lowest income group (below $600).

The respondents who had more years of formal education had higher incomes. Table 5 shows that whereas, over one-half of the respondents in the lowest (54%, n=111) second (55%, n=63) and third (52%, n=76) income groups had completed eight or less years of formal education, less than one-third (30%, n=91) of the respondents in the highest income group had been educated for less than nine years. The largest proportion (43%, n=130) of respondents in the highest income group had 9 to 12 years of formal education. The respondents with post-secondary education (13+) were more likely to be found in the highest income group (27%, n=82) than in the remaining groups.

Employed persons had the highest incomes. Table 6 illustrates that within the lowest income group only 3% (n=6) of the respondents were employed. In the highest income group 14% (n=44) were employed.

The respondents with higher incomes differed from those with lower incomes by their housing situation. Tables 7, 8 and 9 show that increased income was accompanied by a greater likelihood of living in houses, of owning one's house and of living with others. Persons residing in houses comprised 81% (n=245) of the highest income group compared to 62% (n=131) of the lowest income group (Table 7). A 29% point difference was found between the number of respondents in the highest income group (79%, n=243) who owned their residence and the number of respondents who were owners in the lowest income group (50%, n=109) (Table 8). Persons in the lowest income group (59%, n=127) were approximately four times more likely to live alone than persons in the highest income group (15%, n=47) (Table 9).

As previously mentioned, the married respondents reported the monthly income of both themselves and their spouse. Therefore, the income reported by 53% (n=450) of the respondents in this survey is an income shared by two people. The demographic characteristics of the respondents were examined across income groups in separate analyses of the married and unmarried respondents. The married respondents did not differ from the unmarried respondents when the relationships between income and years of formal education, employment status, age and housing ownership were assessed. Where significant differences were found, there were no clear patterns identified.

4. **SOCIAL CONTACTS**

Visits with family and friends by telephone and in person were the basis for assessing the respondents' social contacts. This section concentrates on the difference in contacts among the income groups.

Fully 99% (n=835) of the total sample had contact with at least one family member. Table 10 shows that seven or more contacts were maintained by 72% (n=221) of the persons in the highest income group compared to 62% (n=129) of the respondents in the lowest income group.

The number of respondents who had contact with children did not vary statistically by group for the sample as a whole. At least one contact was maintained by 78% (n=168, n=91 respectively) of the persons in the lowest and second income groups, 87% (n=128) of the persons in the third group and 85% (n=260) of the persons in the highest income group.

The frequency of contacts with family by phone and in person did not vary statistically across groups. As well, the groups did not differ in frequency of phone contact or frequency of visits from friends. The groups were distinguished by visits to friends. Table 11 illustrates that visits to friends were made most frequently by the respondents in the highest income group and least frequently by those in the lowest income group. At least once per month friends were visited by 72% (n=218) of the respondents in the highest income group and 56% (n=125) of the respondents in the lowest income group. Age should be considered in interpreting these findings. Those in the higher income group were largely the younger respondents. In the report entitled: Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+, it points out that among the sample increased age was accompanied by less frequent visits to friends. Therefore, it is not surprising that persons in the lowest income group visited friends least frequently.

It is noteworthy that when the frequency of social contacts were examined by income group, the married respondents did not differ from those who were unmarried.

5. RECREATION

The participation of the respondents in recreational activities was examined with a view to determining whether income was a significant differentiating factor in either actual or desired participation.

Recreational participation was measured by asking the respondents if they partook in any of the 21 leisure activities. The activities included solitary activities such as handicrafts, group activities like club participation, activities requiring minimal output of energy like reading and activities requiring greater output like sports. The respondents' participation ranged from one to twenty activities with a mean of twelve. Twenty-eight percent (n=233) of the sample participated in a maximum of ten activities, 21% (n=178) were involved in eleven to twelve activities, 23% (n=199) participated in thirteen to fourteen activities and 28% (n=236) participated in fifteen or more activities.

Table 12 shows that participation in leisure activities differed across the income groups. The respondents in the highest income group participated in the largest number of activities; 83% (n=254) participated in eleven or more activities. Equal participation was common to 70% (n=104) of the third group, 73% (n=72) of the second group and 62% (n=134) of the lowest income group. Age must be considered in interpreting this finding in view of the fact that the highest income group was comprised largely of the younger respondents.

Table 13 illustrates the number of respondents who participated in selected leisure activities. For all activities the highest income group represented the highest percentage of participants. Irrespective of income group, visiting friends and going for drives were the most popular activities. In three of the four income groups, travel ranked third in popularity. In the lowest income group travel attracted the fifth largest number of participants.

Ninety-four percent (n=790) of the total sample reported barriers which they claimed kept them from participating to the extent they desired. At least one barrier was cited by 90% (n=196) of the persons in the lowest income group 97% (n=113) of the persons in the second group, 97% (n=143) of the persons in the third group and 96% (n=294) of the respondents in the highest income group.

Table 14 shows that the barrier cited most frequently (a minimum of 25%) by the respondents in the lowest, second and third income groups was personal health. The respondents in the highest income group had the greatest tendency to report that they were "too busy" (19%). It is interesting to note that cost was identified as a barrier most frequently by the respondents in the highest income group where it was noted in 18% of the responses compared to 10% for the lowest group, and 13% for the second and third groups.

The characteristics of the respondents who reported selected barriers were examined. (Refer to the report entitled: <u>Elderly Residents in Ontario: Their Participation in Leisure Activities and the Barriers to Their Participation</u> for a complete description of these characteristics). Income figured as a significant discriminating factor in the citation of three barriers: health, expense and transportation. With increased income the respondents were less likely to cite health and the absence of transportation as barriers and more likely to report that expense kept them from participating to the extent they desired (Refer to Tables 15-17).

6. **HEALTH STATUS**

This section is devoted to comparing the income groups in terms of their health status. Health status is a composite measure and in this paper six variables are used to comprise the measure. They include:

a) subjective rating of health

b) comparison of health with five years previous

c) extent to which health conditions stand in the way of doing things persons want to do

d) number of health conditions

e) number of interfering health conditions

f) mobility

The data presented on health status is based on self-reports.

Statistically significant differences across income groups were found in the subjective rating of health. Increased income accompanied a more positive rating. Table 18 illustrates that almost three-quarters (74%, n=227) of the respondents in the highest income group considered their health to be good or excellent. An equally high rating was common to 57% (n=85), of the third group, 55% (n=64), of the second group and 48% (n=104), of the lowest income group. It must be remembered that higher incomes were more frequently associated with the younger respondents.

Furthermore, in the report entitled: <u>Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+</u>, it is pointed out that with increasing age, the respondents tended to rate their health lower. Consequently, in interpreting the relationship between subjective rating of health and income, age must be accounted for.

When asked to compare their health with five years previous, the groups differed in their responses. Table 19 shows that the largest proportion (a minimum of 49%) of respondents in all groups reported that their health had remained the same over the five year period. The respondents in the lowest income group (44%, n=95) were the most likely to report a deterioration in health. The respondents in the two highest income groups (12%) had the greatest tendency to report that their health had improved. Again, age must be considered in interpreting these findings.

All respondents were read a list of 31 health conditions and were asked to indicate if a physician had ever told them that they had the condition. The conditions included arthritis, heart trouble, cancer, dizziness, diabetes, etc. (Refer to report entitled: <u>Elderly Persons in Ontario: Their Health Status and Their Use of the Health Care System</u> for a listing of the conditions). The number of conditions reported by the respondents did not vary statistically across groups. Five or more conditions were reported by 41% (n=88) of the respondents in the lowest income group, 33% (n=38) of the second group, 36% (n=53) of the third group and 29% (n=88) of the respondents with the highest income.

The majority of respondents reported that their health conditions interfered with day to day activities. Table 20 illustrates that interference was reported by a low of 53% (n=162) of the respondents in the highest income group to a high of 70% (n=81) of the respondents in the second group.

Table 21 shows that lower income were associated with reports of a greater number of interfering conditions. Six or more interfering conditions were indicated by 19% (n=42) of the respondents in the lowest income group compared to nine percent (n=28) of the respondents with the highest incomes.

The self-reported ability to walk around the average block was used as a measurement of mobility. The number of respondents who could walk the block ranged from a low of 85% (n=126) of the third group to a high of 96% of the highest group.

The married respondents did not differ from the unmarried respondents when an assessment was made of the relationships between income and the subjective rating of health, deterioration of health, or interference with day to day activities. It is noteworthy that when the relationship between income level and number of interfering conditions was examined separately for married and unmarried respondents, no significant differences among groups were found.

7. USE OF THE HEALTH CARE SYSTEM

The respondents' use of the health care system was measured by visits to family doctors, specialists and hospitalizations. Although differences were found across income groups in the health status of the respondents, the groups did not differ in visits to family doctors or specialists. The groups did differ in the frequency with which they were hospitalized.

Table 22 shows the number of days the respondents spent in the hospital over the past year. The respondents in the second income group (28%, n=33) were the most likely to be hospitalized and the respondents in the highest income group (13%, n=41) were hospitalized least frequently. It must be kept in mind that the highest income group was largely made up of the younger respondents.

The respondents in the highest income group were less likely than the respondents in the other income groups to be in the hospital for extended periods of time; seven percent (n=22) remained in the hospital for eight days or longer. This figure compares to 12% (n=14) of the second group, 13% (n=20) of the third group and 16% (n=35) of the lowest income group.

8. TYPE OF DISABILITIES AND RECEIPT OF ASSISTANCE

The respondents' ability to manage on a day to day basis was measured with the use of selected items from the OARS Instrumental and Physical Activities of Daily Living (ADLS) scales. [1] These scales are commonly employed to assess the older persons' capability of performing ADLS. In using

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[1] Refer to reference section for the reference to this scale.

the scales the ability to perform nine ADLS was measured.
The ADLS included are using the telephone, shopping,
preparing meals, doing heavy housework, handling money,
dressing, taking care of one's own appearance, getting in
and out of bed and bathing. The respondents who indicated
difficulty with or an inability to carry out the activities
were considered to have disabilities.

A significant difference across groups was found in the
number of persons who reported disabilities. Table 23
shows that disabilities were least commonly reported by the
respondents in the highest income group (23%) and most
commonly reported by those with the lowest incomes (39%).
Reports of disabilities increased in number with a decrease
in income. Three or more disabilities were reported by
five percent (n=15) of the respondents in the highest
income group compared to 15% (n=32) of the lowest income
group.

The type of disabilities reported are illustrated on Table
24. Irrespective of income, the most frequent
disabilities cited were in relation to shopping and
housework. The income groups did not differ in reports of
disabilities related to housework, taking care of one's own
appearance, dressing and getting in and out of bed. The
groups did differ in reports of disabilities in relation to
using the telephone, shopping, preparing meals, handling
money and bathing. The respondents in the highest income
group least frequently reported disabilities and the
respondents in the lowest income group reported
disabilities most often. One exception was found. The
respondents in the third income group represented the
largest proportion of respondents with disabilities
related to meal preparation.

The married and unmarried respondents were analyzed
separately. The number of disabilities reported did not
vary among the four income groups for the unmarried
respondents. However, differences were found for the
married respondents. Table 25 shows that among the married
respondents the highest income group reported the fewest
disabilities. As well, the highest income group exhibited
the lowest frequency of all disabilities. See Table 26.

In light of the disabilities reported, the receipt of
assistance with 22 day to day activities was assessed.
Included were activities in the home such as housework,
meal preparation and laundry, activities outside of the
home like yardwork, shopping and banking and personal care
activities such as bathing, dressing and getting in and out
of bed. Table 27 shows that the number of activities with
which assistance was received varied by income group. The
respondents in the highest income group (40%, n=125) were
the least likely to receive assistance. The respondents
most likely to receive help (62%, n=134) fell into the
lowest income group. These findings were not unexpected
given that the number of disabilities decreased with an
increase in income and that the younger respondents made up
the greatest proportion of the highest income group.

Table 28 illustrates the type of activities with which assistance was received. Across all income groups, the assistance received most frequently (by a minimum of 20% of the respondents) related to yardwork and heavy housework. In nine of the 22 activities considered, the number of respondents who received assistance varied by income group. The trend across all nine activities was for increased assistance with a decrease in income. However, the highest income group received more help with light housework (11%, n=35) than the second or third income groups (8%, n=9 and 9%, n=13 respectively). The lowest income group had the highest frequency of assistance 17% (n=36) for all activities.

9. PROVIDERS OF ASSISTANCE

The sources of assistance used by the respondents for day to day activities differed across income groups. Table 29 illustrates that children were the most frequent caregivers to the respondents in the two lowest income groups. Spouses provided most assistance to the respondents in the third income group and paid help provided the largest proportion of assistance to the respondents with the highest incomes. The role of family as assistance providers decreased as income increased. Family members provided 73% of the total assistance to the respondents in the lowest group, compared to 55% of the assistance to the highest income group. Conversely, the use of paid help increased with income from 15% for the lowest group to 32% for the highest group.

The difference across income groups for the married and unmarried respondents followed similiar trends to the total sample. (Refer to Tables 30-31). However, for the married respondents, the spouse was the primary assistance provider across all income groups.

A maximum of three percent of all assistance with day to day activities came from community agencies. The most frequent users of these agencies were persons in the lowest and third income groups.

The use of five particular community agencies, namely Visiting Nurses, Red Cross Homemakers, Home Care, Meals on Wheels and Friendly Visiting was assessed. When asked about the use of these specific agencies, the number of users far exceeded the number of respondents who claimed to use community agencies with the 22 day to day activities.

Table 32 illustrates that difference in use was most evident at the extreme ends of the income continuum. At least one of these agencies was used by eighteen percent (n=40) of the respondents in the lowest income group compared to four percent (n=12) of the respondents in the highest income group.

The relationship between income level and use of community agencies was found to be significant when the married respondents were examined separately. The direction of the interaction was similiar to that found for the sample as a whole. (Refer to Table 33). When the unmarried respondents were examined on their own, the association between income level and use of community agencies was not significant.

Table 34 illustrates that use of one community agency, namely, Visiting Nurses, differed across income groups. The lowest income group had the highest use of Visiting Nurses (15%, n=33). Persons in the highest income group were the least frequent users of all agencies.

When the married and unmarried respondents were examined separately, no significant differences across income groups were found except in the case of Visiting Nurses. The direction of the interaction coincided with that found for the sample as a whole.

10. REQUESTS FOR ADDITIONAL ASSISTANCE

Upon reporting their receipt of assistance with the 22 day to day activities, the respondents were asked if they could use any or any additional (hereafter additional) assistance with the activities. The number of respondents who voiced requests for additional help did not vary across income groups. Requests came from 24% (n=53) of the lowest income group, 28% (n=32) of the second group, 27% (n=39) of the third group and 25% (n=77) of the persons in the highest group.

The type of additional assistance requested is indicated on Table 35. The most frequent requests for additional assistance were in relation to heavy housework, yardwork and house repairs.

When the married respondents were considered on their own, the interaction between income and requests for additional assistance closely resembled the interaction described for the sample as a whole. The only exception pertained to cutting toenails where the respondents in the second income group were more likely to request additional assistance than the respondents in the other income groups. Among the unmarried respondents, the most notable deviation from the

total sample concerned the requests for additional
assistance with mobility at home. The respondents in the
third income group were the only persons to request
additional assistance of this type. This difference was
not significant for the total sample.

11. **INTEREST IN VARIOUS HOUSING OPTIONS**

The possibility exists for all older community residents
that a time may come when they are unable to care for
their own needs. If that time does come, the older
persons may be faced with finding a suitable arrangement
to meet their impending requirements. In this survey the
respondents were asked to project into the future and
consider the type of housing that might interest them.
The question was posed as such..."If at a future point in
your life you find it extremely difficult to care for your
own needs, please tell me if you would or would not be
interested in the following housing arrangements:"

- moving in with family
- moving in with friends
- staying at home with community services to assist
- staying at home with family/friends to assist
- moving into a home for elderly persons or a housing
  project where some services are available (hereafter
  supportive housing arrangement).

Table 36 shows that for the group as a whole the two most
popular housing options voiced by all income groups (a
minimum of 56% of the respondents) were moving into a
supportive housing arrangement and staying home with
community services to assist. Least interest (a maximum
of four percent across groups) was expressed in moving in
with friends.

Statistically significant differences across income
groups were found in the interest expressed in two
housing options, namely, moving in with family and
staying at home with the assistance of community
services. The respondents in the lowest income group
expressed most interest (24%, n=44) in moving in with
family. Least interest was indicated by respondents in
the lowest two income groups. The married respondents
did not vary by group in their housing interests. The
unmarried respondents were distinguished by their
willingness to move in with friends. Within the
unmarried group 15% of the third income group expressed
this interest compared to 6% of the second group, 4% of
the lowest income group and 3% of the highest income
group.

12. **TRANSPORTATION**

The modes of transportation used by the respondents and
the problems associated in using those modes were examined
in this survey. The data revealed significant differences
across income groups in both the modes used and the
problems experienced.

Tables 37, 38 and 39 illustrate the principal modes of transportation used by each group for shopping, medical appointments and social occasions. The largest proportion of respondents in the three highest income groups drove themselves to all three activities. Over one-half (a minimum of 54%) of the highest income group drove themselves. The respondents in the lowest income group were more apt to walk when going shopping and to be driven by relatives to medical appointments.

Transportation problems reported by the respondents were noted. The number of respondents who reported problems did not differ among income groups for shopping or social activities. There were however, significant differences in the number of respondents who reported problems with transportation to medical appointments. Table 40 illustrates that the respondents in the highest income group were least likely to encounter problems. Transportation problems were reported by three percent (n=8) of the highest income group compared to seven percent (n=14) of the lowest group.

A series of questions were posed to the respondents about their use of public transportation and taxis. No significant differences among income groups were found in relation to use of public transportation. There were however, significant differences across income groups in the frequency with which assistance was used with public transit. Table 41 illustrates that the most frequent users of assistance with public transit were persons in the lowest income group (22%, n=27). Age must be considered in interpreting this finding.

Taxis were used by 33% (n=261) of the respondents. Table 42 shows that there were significant differences in taxi use among income groups. The respondents in the lowest income group were the greatest users of taxis with 42% (n=90) reporting use compared to only 29% (n=88) of the highest income group. There were no significant differences among income groups in the use of assistance with taxis.

All respondents were asked: "If you could get further assistance with transportation, would you be interested in having it and if so, what type of assistance would you be interested in?" Nineteen percent (n=155) answered in the affirmative. Table 43 illustrates that the respondents in the highest income group were one-half as likely as the respondents in the other groups to request assistance with transportation. There were no significant differences among groups in the type of assistance requested. For the type of assistance requested refer to the report entitled, <u>Elderly Residents in Ontario: Their Use of Transportation</u>.

When differences in requests for assistance were examined by income group for the married and unmarried respondents, the only statistically significant interaction was found in relation to the married group. Table 44 illustrates that consistent with the findings for the sample as a whole, the married persons in the lowest income group (16%, n=6) were more likely than those in the highest income group (10%, n=25) to request assistance.

13. <u>USE OF ADDITIONAL INCOME</u>

This section is concerned with the respondents' perception of expenses, their requests for additional income and their proposed use of additional income.

In answer to the question, "Are you having any difficulties covering your monthly expenses?" ten percent (n=79) of the total sample answered in the affirmative. The proportion of respondents who answered affirmatively differed across communities:

	Number and Percentage of Respondents Reporting Difficulties With Expenses	
Penetanguishine	(7)	7
Brockville	(6)	13
Cookstown/Athens/Bruce Mines	(15)	9
Sault Ste. Marie	(6)	6
Windsor	(11)	7
Toronto	(37)	14

As shown in this chart, residents of Toronto were the most likely to indicate difficulties and residents of Sault Ste. Marie indicated difficulties least often.

Table 45 illustrates that reports of difficulty with expenses differed across income groups. The respondents in the two lowest income groups were more likely to indicate difficulties than the respondents in the two highest groups. Difficulties were noted by six percent (n=18) of the respondents in the highest income group compared to 14% of the respondents in the lowest group. It is noteworthy that reports of difficulty did not differ significantly by marital status, age or sex of the respondents.

The respondents who reported difficulty with expenses were asked to indicate "How much more money would you say you needed per month to satisfy your needs adequately?". Of the 10% reporting difficulty, the largest proportion (64%, n=50) requested $100.00 additional income per month. A separate analysis of the married and unmarried respondents revealed that the married respondents were more apt to request larger amounts of money; 72% (n=33) requested $100.00 or more. There were no significant differences in the amount of additional money requested among income groups.

To determine the way persons would spend additional money if they had it, the respondents were posed with the following question: "If you had additional income, would you spend it on:

a. more or better housing or house repairs
b. more or better food
c. more or better clothing
d. medical needs
e. recreation and/or other special activities
f. transportation or new care
g. trips and/or holidays.

Table 46 illustrates that the most popular use of additional income was trips, appealing to over one-half of all respondents (58%, n=476). Housing was indicated by 39% (n=318) of the respondents and transportation was noted by 32% (n=259). Medical needs (13%, n=109) and food (16%, n=134) were cited least often.

The number of respondents who indicated an interest in spending additional income on housing, food, recreation and trips differed across income groups (refer to Table 47). The higher income groups were less likely than the lower income groups to choose housing and food as spending options and more likely to choose recreation and trips. Persons with lower incomes were more likely to opt for spending additional income on the more practical items such as food and housing. The use of additional income on clothing, medical needs and transportation did not differ among income groups.

When the unmarried respondents were examined separately the only significant difference in spending options related to food. The unmarried respondents followed the trend of the total sample with an increased proportion of low income respondents identifying food as a spending option.

Table 48 illustrates the difference in spending options among income groups for the married respondents. The trends coincide with those indicated for the total sample, with the higher income groups less likely to choose food and housing as options and more likely to opt for trips. A comparison of Table 55 reveals that in contrast to the total sample, a higher proportion of married respondents chose housing and trips as options, fewer chose food.

14. **CONCLUSION**

This paper has examined the distinguishing characteristics of four groups of persons interviewed for the USCO Survey. The four groups were identified by their monthly income a) below $600. per month; b) $600-799 per month; c) $800-999 per month and d) $1,000 + per month. The findings revealed that the four groups could be defined by their demographic characteristics, social contacts, recreation, health status, use of the health care system, type of disabilities, receipt of assistance, requests for additional assistance, housing preferences, use of transportation and proposed uses for additional income. The differences tended to follow a linear pattern.

The reliance on others, problems with transportation, receipt of assistance, and requests for additional assistance, decreased as income increased. Health status, social contacts and participation in recreational activities increased as income increased.

It is interesting to note that despite the problems and dependancies associated with low income only a very small proportion of respondents reported difficulty in meeting expenses. Furthermore, expense was not seen as a barrier to activities by the lowest income group.

In closing, the findings reported in this paper reveal that life style characteristics tend to be associated with level of income. These findings suggest the importance of incorporating income measures in studies of older persons, not merely as a means of assessing the ability of older persons to meet day to day expenses, but as a means of getting a more complete understanding of the experiences of older persons and the factors that shape these experiences.

TABLE 1:   TOTAL MONTHLY INCOME BY
                           COMMUNITY OF RESIDENCE
                           (NUMBER AND PERCENTAGE)

COMMUNITY   INCOME

	Below $600		$600-$799		$800-$999		$1,000+		TOTAL	
	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%
Penetanguishene	(20)	21	(20)	21	(29)	30	(27)	28	(96)	100
Brockville	(14)	33	(2)	5	(10)	24	(16)	38	(42)	100
Cookstown/Athens/ Bruce Mines	(48)	30	(27)	17	(28)	17	(59)	36	(162)	100
Sault Ste Marie	(28)	28	(23)	22	(22)	22	(28)	28	(101)	100
Windsor	(43)	31	(19)	14	(21)	15	(56)	40	(139)	100
Toronto	(63)	26	(25)	10	(37)	15	(120)	49	(245)	100

TABLE 2:   TOTAL MONTHLY INCOME BY AGE
             (NUMBER AND PERCENTAGE)

AGE   INCOME

	Below $600		$600–$799		$800–$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
62–74	(84)	39	(63)	54	(95)	65	(230)	75
75–84	(103)	48	(44)	38	(46)	31	(66)	22
85+	(29)	13	(9)	8	(6)	4	(10)	3
TOTAL*	(216)	100	(116)	100	(147)	100	(306)	100

Chi Square = 77.14   P < .01

*61 Missing Observations

TABLE 3:   <u>TOTAL MONTHLY INCOME BY SEX</u>
             (NUMBER AND PERCENTAGE)

<u>SEX</u>   <u>INCOME</u>

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Male	(52)	24	(46)	41	(72)	49	(174)	57
Female	(163)	76	(66)	59	(76)	51	(130)	43
TOTAL*	(215)	100	(112)	100	(148)	100	(304)	100

Chi Square = 57.51   P < .01

*67 Missing Observations

TABLE   4

TOTAL MONTHLY INCOME BY MARITAL STATUS

(NUMBER AND PERCENTAGE)

MARITAL STATUS	INCOME							
	Below $600		$600-799		$800-999		$1000 +	
	(N)	%	(N)	%	(N)	%	(N)	%
Single	(22)	10	(9)	8	(5)	3	(17)	6
Married	(38)	18	(58)	50	(112)	78	(241)	78
Widowed	(143)	66	(40)	35	(20)	15	(43)	14
Divorced or Separated	(12)	6	(8)	7	(6)	4	(6)	2
TOTAL*	(215)	100	(115)	100	(143)	100	(307)	100

Chi Square = 233.0   P < .01

*61 Missing Observations

TABLE 5.   TOTAL MONTHLY INCOME BY
                  YEARS OF FORMAL EDUCATION
                  (NUMBER AND PERCENTAGE)

YEARS OF FORMAL EDUCATION	INCOME							
	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
0-8	(111)	54	(63)	55	(76)	52	(91)	30
9-12	(79)	38	(35)	31	(54)	37	(130)	43
13+	(17)	8	(16)	14	(17)	11	(82)	27
TOTAL*	(207)	100	(114)	100	(147)	100	(303)	100

Chi Square = 56.74 $P < .01$

*75 Missing Observations

TABLE 6:   <u>TOTAL MONTHLY INCOME BY EMPLOYMENT</u>
                    (NUMBER AND PERCENTAGE)

<u>EMPLOYMENT</u>   INCOME

	Below $600		$600–$799		$800–$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Employed	(6)	3	(9)	8	(9)	6	(44)	14
Not Employed	(211)	97	(107)	92	(139)	94	(263)	86
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square 23.46   P < .01

*58 Missing Observations

TABLE 7: TOTAL MONTHLY INCOME BY HOUSING TYPE

(NUMBER AND PERCENTAGE)

HOUSING TYPE

INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
House	(131)	62	(84)	73	(110)	76	(245)	81
Apartment	(82)	38	(31)	27	(35)	24	(59)	19
TOTAL*	(213)	100	(115)	100	(145)	100	(304)	100

Chi Square = 23.93   P $<$ .01

*69 Missing Observations

TABLE   8

TOTAL MONTHLY INCOME BY HOUSING OWNERSHIP
(NUMBER AND PERCENTAGE)

INCOME

	Below $600		$600-799		$800-999		$1000 +	
	(N)	%	(N)	%	(N)	%	(N)	%
Own Housing	(109)	50	(81)	70	(106)	72	(243)	79
Rent Housing or Other Arrangements	(107)	50	(35)	30	(42)	28	(64)	21
TOTAL*	(216)	100	(116)	100	(148)	100	(307)	100

Chi Square = 81.07   P < .01

*59 Missing Observation

TABLE 9: <u>TOTAL MONTHLY INCOME BY LIVING SITUATION</u>
(NUMBER AND PERCENTAGE)

<u>INCOME</u>

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Lives Alone	(127)	59	(39)	34	(24)	16	(47)	15
Lives With Others	(90)	41	(77)	66	(124)	84	(260)	85
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 129.56   P < .01

*58 Missing Observations

TABLE 10

<u>TOTAL MONTHLY INCOME BY RESPONDENTS'</u>
<u>TOTAL FAMILY CONTACTS</u>
<u>(NUMBER AND PERCENTAGE)</u>

TOTAL
FAMILY
<u>CONTACTS</u>

<u>INCOME</u>

TOTAL FAMILY CONTACTS	Below $600		$600-799		$800-999		$1000 +	
	(N)	%	(N)	%	(N)	%	(N)	%
None	(7)	3	(0)	0	(0)	0	(3)	1
1-6	(76)	35	(43)	37	(38)	26	(83)	27
7-12	(59)	27	(29)	25	(52)	35	(123)	40
13+	(75)	35	(44)	38	(58)	39	(98)	32
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

*58 Missing Observations

TABLE 11:   TOTAL MONTHLY INCOME OF RESPONDENTS
BY FREQUENCY OF VISITS TO FRIENDS
(NUMBER AND PERCENTAGE)

VISITS TO
FRIENDS   INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
At Least One a Month	(125)	58	(82)	71	(98)	66	(218)	72
Less Than One a Month	(89)	42	(34)	29	(50)	34	(85)	28
TOTAL*	(214)	100	(116)	100	(148)	100	(303)	100

Chi Square = 11.24   P < .01

*65 Missing Observations

TABLE 12:   TOTAL MONTHLY INCOME OF RESPONDENTS
              BY THE NUMBER OF LEISURE ACTIVITIES
              IN WHICH THEY PARTICIPATE
              (NUMBER AND PERCENTAGE)

NUMBER OF
ACTIVITIES   INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
1-10	(83)	38	(33)	28	(44)	30	(53)	17
11-12	(47)	22	(29)	25	(27)	18	(62)	20
13-14	(43)	20	(30)	26	(40)	27	(73)	24
15+	(44)	20	(24)	21	(37)	25	(119)	39
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = P < .01

*58 Missing Observations

TABLE 13: <u>TOTAL MONTHLY INCOME OF RESPONDENTS BY PARTICIPATION</u>
<u>IN SELECTED LEISURE ACTIVITIES</u>

(NUMBER AND PERCENTAGE)[1]

ACTIVITY					INCOME			
	Below $600 (N) % N=217		$600-$799 (N) % N=116		$800-$999 (N) % N=148		$1,000+ (N) % N=307	
Gardening	(101)	47	(66)	57	(89)	60	(198)	65
Participating In Clubs	(69)	32	(41)	36	(56)	38	(141)	46
Attending Theatre	(54)	25	(33)	28	(43)	29	(143)	47
Going To Sports Events	(38)	18	(26)	23	(29)	20	(103)	34
Visiting Family	(173)	81	(98)	85	(133)	90	(285)	94
Participating In Sports	(21)	10	(14)	12	(28)	19	(83)	27
Doing Volunteer Work	(50)	23	(25)	22	(36)	25	(107)	35
Travelling	(102)	47	(68)	59	(97)	66	(228)	75
Going For Drives	(142)	66	(89)	77	(116)	78	(240)	78
Entertaining	(106)	49	(64)	55	(94)	64	(220)	73

[1]Each percentage has been calculated according to the relevant N.

TABLE 14:   TOTAL MONTHLY INCOME OF RESPONDENTS
              BY BARRIERS TO PARTICIPATION
                      (PERCENTAGE)

BARRIER   INCOME

	Below $600 %	$600-$799 %	$800-$999 %	$1,000+ %
Respondents' Health Problems	28	27	25	17
Respondents Busy	8	13	16	19
Too Expensive	10	13	13	18
Distance	6	7	7	7
No Companions	9	6	7	5
No Transportation	8	7	5	2
Others Busy	6	4	4	5
Lazy	4	4	4	5
Family Has Health Problems	2	2	4	6
No Opportunities Available	4	5	3	3
Not Sure How To Go About It	3	3	2	2
Feel Too Old	2	1	1	1
Bad Weather	1	1	1	1
Fearful	1	1	1	1
Other	8	6	7	8
TOTAL	100%	100%	100%	100%

TABLE 15:   TOTAL MONTHLY INCOME OF RESPONDENTS
              BY WHETHER THEY REPORTED "HEALTH"
                        AS A BARRIER
                 (NUMBER AND PERCENTAGE)

INCOME

	Below $600		$600–$799		$800–$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Did Not Cite Health	(99)	46	(52)	45	(77)	52	(178)	58
Did Cite Health	(118)	54	(64)	55	(71)	48	(129)	42
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 10.25   P < .01

*58 Missing Observations

TABLE 16:

TOTAL MONTHLY INCOME OF RESPONDENTS
BY WHETHER THEY REPORTED "EXPENSE"
AS A BARRIER
(NUMBER AND PERCENTAGE)

INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Did Not Cite Expense	(150)	69	(69)	59	(82)	55	(162)	53
Did Cite Expense	(67)	31	(47)	41	(66)	45	(145)	47
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 14.88 $P < .01$

*58 Missing Observations

TABLE 17:   <u>TOTAL MONTHLY INCOME OF RESPONDENTS</u>
<u>BY WHETHER THEY REPORTED THE "ABSENCE</u>
<u>OF TRANSPORTATION" AS A BARRIER</u>
(NUMBER AND PERCENTAGE)

<u>INCOME</u>

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Did Not Cite The Absence of Transportation	(165)	76	(89)	77	(123)	83	(275)	90
Did Cite The Absence of Transportation	(52)	24	(27)	23	(25)	17	(32)	10
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 19.83 $P < .01$

*58 Missing Observations

TABLE 18:   TOTAL MONTHLY INCOME OF RESPONDENTS
BY SUBJECTIVE SELF-RATING OF HEALTH
(NUMBER AND PERCENTAGE)

HEALTH
RATING   INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Excellent	(21)	10	(8)	7	(27)	18	(65)	21
Good	(83)	38	(56)	48	(58)	39	(162)	53
Fair	(82)	38	(41)	35	(47)	32	(66)	21
Poor	(31)	14	(11)	10	(16)	11	(14)	5
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 51.95 P < .01

*58 Missing Observations

TABLE 19:   TOTAL MONTHLY INCOME OF RESPONDENTS
                   BY COMPARISON OF HEALTH WITH PREVIOUS
                              FIVE YEARS
                     (NUMBER AND PERCENTAGE)

                              INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Better	(15)	7	(10)	9	(18)	12	(36)	12
About The Same	(107)	49	(61)	52	(77)	52	(195)	63
Worse	(95)	44	(45)	39	(53)	36	(76)	25
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 24.07   P < .01

*58 Missing Observations

TABLE 20:   TOTAL MONTHLY INCOME OF RESPONDENTS
              BY THE DEGREE TO WHICH HEALTH IMPAIRS
                           ACTIVITY
              (NUMBER AND PERCENTAGE)

INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Not At All	(69)	32	(35)	30	(54)	36	(145)	47
A Little	(83)	38	(58)	50	(59)	40	(120)	39
A Great Deal	(65)	30	(23)	20	(35)	24	(42)	14
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 30.62 $P < .01$

*58 Missing Observations

TABLE 21:   TOTAL MONTHLY INCOME OF RESPONDENTS BY
NUMBER OF INTERFERING HEALTH CONDITIONS
(NUMBER AND PERCENTAGE)

INTERFERING
CONDITIONS   INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
0	(59)	27	(25)	21	(43)	29	(101)	33
1	(32)	15	(26)	22	(22)	15	(69)	23
2-3	(51)	24	(31)	27	(39)	26	(80)	26
4-5	(33)	15	(17)	15	(24)	16	(29)	9
6+	(42)	19	(17)	15	(20)	14	(28)	9
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 25.77 $P < .05$

*58 Missing Observations

TABLE 22:   TOTAL MONTHLY INCOME OF RESPONDENTS
              BY NUMBER OF DAYS SPENT IN HOSPITAL
              OVER THE PAST YEAR
              (NUMBER AND PERCENTAGE)

DAYS IN HOSPITAL	INCOME							
	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
None	(170)	79	(83)	72	(118)	80	(265)	87
1-7 Days	(10)	5	(19)	16	(10)	7	(19)	6
8+ Days	(35)	16	(14)	12	(20)	13	(22)	7
TOTAL*	(215)	100	(116)	100	(148)	100	(306)	100

Chi Square = 27.80   P < .01

*61 Missing Observations

TABLE 23: <u>TOTAL MONTHLY INCOME OF RESPONDENTS BY TOTAL NUMBER OF DISABILITIES*</u>

(NUMBER AND PERCENTAGE)

<u>*DISABILITIES</u>   <u>INCOME</u>

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
None	(133)	61	(81)	70	(98)	66	(238)	77
1-2	(52)	24	(22)	19	(33)	22	(54)	18
3+	(32)	15	(13)	11	(17)	12	(15)	5
TOTAL**	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 21.75 P$<$.01

**58 Missing Observations

* Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity.

TABLE 24:   TOTAL MONTHLY INCOME OF RESPONDENTS
              BY THE TYPE OF DISABILITIES REPORTED

              (NUMBER AND PERCENTAGE)

*DISABILITY   INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Use Phone[1]	(21)	10	(10)	9	(14)	10	(6)	2
Shopping[2]	(51)	24	(18)	16	(24)	16	(20)	7
Prepare Meals[3]	(21)	10	(10)	9	(17)	12	(14)	5
Heavy Housework	(56)	26	(23)	20	(39)	26	(57)	19
Handle Money[4]	(22)	10	(8)	7	(10)	7	(9)	3
Dress	(7)	3	(1)	1	(5)	3	(0)	0
Take Care of Appearance	(6)	3	(2)	2	(5)	3	(1)	1
Get In And Out Of Bed	(7)	3	(2)	2	(3)	2	(1)	1
Bath[5]	(31)	14	(11)	10	(15)	10	(10)	3

* Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity.

Statistically Significant Responses:
[1] Chi Square = 20.26 P < .01
[2] Chi Square = 34.64 P < .01
[3] Chi Square = 15.42 P < .05
[4] Chi Square = 16.34 P < .05
[5] Chi Square = 24.29 P < .01

TABLE 25: TOTAL MONTHLY INCOME OF MARRIED RESPONDENTS BY TOTAL NUMBER OF DISABILITIES*

(NUMBER AND PERCENTAGE)

*DISABILITIES

INCOME

	Below $600 (N)	%	$600-$799 (N)	%	$800-$999 (N)	%	$1,000+ (N)	%
None	(26)	69	(40)	69	(73)	65	(193)	30
1-2	(7)	18	(8)	14	(27)	24	(41)	17
3+	(5)	13	(10)	17	(13)	11	(7)	3
TOTAL**	(38)	100	(58)	100	(113)	100	(241)	100

Chi Square = 23. 15   P $<$ .01

**1 Missing Observation

* Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity.

TABLE 26: TOTAL MONTHLY INCOME OF MARRIED RESPONDENTS BY THE
TYPE OF DISABILITIES* REPORTED

(NUMBER AND PERCENTAGE)

INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Use Telephone	(6)	16	(5)	9	(13)	12	(1)	1
Shopping[1]	(6)	15	(9)	16	(19)	17	(14)	6
Prepare Meals	(4)	11	(9)	16	(13)	12	(10)	4
Heavy Housework	(8)	21	(15)	26	(30)	27	(39)	16
Handle Money	(5)	13	(6)	10	(9)	8	(4)	5
Dress	(3)	8	(1)	2	(4)	4	(0)	0
Take Care Of Appearance	(2)	5	(2)	3	(4)	4	(1)	1
Get In And Out Of Bed	(3)	8	(2)	3	(2)	2	(0)	0
Bath	(5)	13	(4)	7	(10)	9	(1)	1

* Disability is here defined as the requirement for assistance
in carrying out the activity or the inability to do the
activity.

Statistically significant differences: [1]Chi Square = 17.49 P < .0

TABLE 27: TOTAL MONTHLY INCOME OF RESPONDENTS BY THE NUMBER OF
DAY TO DAY ACTIVITIES WITH WHICH ASSISTANCE WAS RECEIVED

(NUMBER AND PERCENTAGE)

NUMBER OF ACTIVITIES
WITH WHICH ASSISTANCE
WAS RECEIVED

INCOME

	$600		Below $600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
0	(83)	38	(62)	53	(74)	50	(186)	60
1	(37)	17	(16)	14	(31)	21	(59)	19
2-4	(54)	25	(25)	22	(25)	17	(52)	16
5+	(43)	20	(13)	11	(17)	12	(14)	5
TOTAL*	(217)	100	(116)	100	(147)	100	(311)	100

Chi Square = 46.34   P < .01

*55 Missing Observations

TABLE 28: <u>TOTAL MONTHLY INCOME OF RESPONDENTS BY THE TYPE OF</u>
<u>ACTIVITIES WITH WHICH THEY RECEIVED ASSSISTANCE</u>

(NUMBER AND PERCENTAGE)

				INCOME				
	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
ACTIVITIES IN THE HOME								
Light Housework[1]	(36)	17	(9)	8	(13)	9	(35)	11
Heavy Housework[2]	(71)	33	(32)	28	(38)	26	(61)	20
Making A Cup Of Tea	(5)	2	(2)	2	(5)	3	(7)	2
Meal Preparation	(17)	8	(4)	3	(8)	5	(9)	3
Laundry[3]	(38)	18	(9)	8	(10)	7	(21)	7
House Repairs[4]	(41)	21	(19)	18	(19)	14	(25)	9
Climbing Stairs	(12)	6	(2)	3	(6)	4	(3)	1
Mobility At Home	(5)	2	(1)	1	(2)	1	(1)	1
Using The Telephone	(7)	3	(4)	3	(5)	3	(2)	1
Mending	(10)	5	(4)	3	(5)	3	(6)	2
ACTIVITIES OUTSIDE OF THE HOME								
Yard Work[5]	(72)	38	(33)	32	(44)	33	(69)	25
Shopping[6]	(61)	28	(22)	19	(16)	11	(24)	8
Going Out In Good Weather	(9)	4	(2)	2	(5)	4	(5)	2
Going Out In Bad Weather[7]	(23)	11	(9)	8	(11)	8	(11)	4
Banking	(31)	14	(11)	10	(11)	8	(6)	2
Paying Bills[8]	(25)	12	(10)	9	(10)	7	(6)	2
Financial Assistance	(10)	5	(3)	3	(2)	1	(2)	1
PERSONAL								
Getting In And Out Of Bed	(5)	2	(1)	1	(4)	3	(0)	0
Bathing	(12)	6	(3)	3	(5)	3	(2)	1
Dressing	(2)	1	(2)	2	(5)	3	(0)	0
Cutting Toenails[9]	(28)	13	(10)	9	(19)	13	(17)	6
Taking Medication	(8)	4	(2)	2	(5)	3	(0)	0

[1] Chi Square = 8.00 $P < .05$
[2] Chi Square = 12.09 $P < .01$
[3] Chi Square = 20.00 $P < .01$
[4] Chi Square = 16.13 $P < .01$
[5] Chi Square = 9.93 $P = .01$
[6] Chi Square = 44.44 $P < .01$
[7] Chi Square = 11.08 $P = .01$
[8] Chi Square = 20.85 $P < .01$
[9] Chi Square = 11.05 $P < .01$

TABLE 29: TOTAL MONTHLY INCOME OF RESPONDENTS BY THE PERCENTAGE
OF TOTAL ASSISTANCE PROVIDED BY VARIOUS SOURCES

ASSISTANCE PROVIDER   INCOME

	Below $600 %	$600-$799 %	$800-$999 %	$1,000+ %
Daughter	24%	13%	7%	16%
Son	15%	13%	11%	5%
Other Family Member	28%	17%	17%	16%
Spouse	6%	25%	32%	18%
Neighbour/ Friend	7%	10%	9%	12%
Community Agency	3%	1%	3%	1%
Paid Help	15%	20%	20%	32%
Other	2%	1%	1%	0%
TOTAL	100%	100%	100%	100%

TABLE 30: <u>TOTAL MONTHLY INCOME OF MARRIED RESPONDENTS BY</u>
<u>THE PERCENTAGE OF TOTAL ASSISTANCE PROVIDED BY</u>
<u>VARIOUS SOURCES</u>

ASSISTANCE
<u>PROVIDER</u>   <u>INCOME</u>

	Below $600 %	$600-$799 %	$800-$999 %	$1,000+ %
Daughter	1%	12%	5%	17%
Son	21%	20%	12%	4%
Other Family Member	21%	5%	12%	16%
Spouse	40%	44%	41%	28%
Neighbour/ Friend	4%	7%	4%	7%
Community Agency	0%	1%	4%	1%
Paid Help	13%	11%	20%	27%
Other	0%	0%	2%	0%
TOTAL	100%	100%	100%	100%

TABLE 31:   TOTAL MONTHLY INCOME OF UNMARRIED RESPONDENTS
BY THE PERCENTAGE OF TOTAL ASSISTANCE PROVIDED
BY VARIOUS SOURCES

ASSISTANCE
PROVIDER   INCOME

	Below $600 %	$600-$799 %	$800-$999 %	$1,000+ %
Daughter	28%	14%	13%	15%
Son	14%	4%	6%	5%
Other Family Member	28%	35%	35%	16%
Neighbour/ Friend	10%	14%	27%	22%
Community Agency	3%	1%	0%	1%
Paid Help	17%	32%	19%	41%
Other				
TOTAL	100%	100%	100%	100%

TABLE 32:   TOTAL MONTHLY INCOME OF RESPONDENTS
              BY USE OF COMMUNITY AGENCIES

                (NUMBER AND PERCENTAGE)

                          INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Did Not Use Community Agencies	(177)	82	(106)	91	(130)	88	(299)	96
Used Community Agencies	(40)	18	(10)	9	(18)	12	(12)	4
TOTAL*	(217)	100	(116)	100	(148)	100	(311)	100

            Chi Square = 30.91 P < .01

            *54 Missing Observations

TABLE 33

TOTAL MONTHLY INCOME OF MARRIED RESPONDENTS
BY THE USE OF COMMUNITY AGENCIES[1]
(NUMBER AND PERCENTAGE)

INCOME

	Below $600		$600-799		$800-999		$1000 +	
	(N)	%	(N)	%	(N)	%	(N)	%
Did Not Use Community Agencies	(33)	87	(53)	91	(99)	88	(237)	98
Used Community Agencies	(5)	13	(5)	9	(14)	12	(6)	2
TOTAL*	(38)	100	(58)	100	(113)	100	(243)	100

Chi Square = 16.54 P < .01

*23 Missing Observations

[1]Community Agencies refer to Visiting Nurses,
Red Cross Homemakers, Home Care, Meals On
Wheels, and Friendly Visiting

TABLE 34: TOTAL MONTHLY INCOME OF RESPONDENTS BY USE OF SPECIFIC COMMUNITY AGENCIES

(NUMBER AND PERCENTAGE) [6]

COMMUNITY AGENCY	INCOME							
	Below $600		$600-$799		$800-$999		$1,000+	
	(N) N=217	%	(N) N=116	%	(N) N=148	%	(N) N=307	%
Visiting Nurse[1]	(33)	15	(8)	7	(15)	10	(7)	2
Red Cross Homemaker[2]	(15)	7	(2)	2	(9)	6	(6)	2
Home Care[3]	(8)	4	(1)	1	(2)	1	(4)	1
Meals On Wheels[4]	(6)	3	(3)	3	(1)	1	(1)	1
Friendly Visiting[5]	(1)	1	(1)	1	(4)	3	(0)	0

[1] 54 Missing Observations, Chi Square = 31.49 P <.01
[2] 55 Missing Observations
[3] 56 Missing Observations
[4] 56 Missing Observations
[5] 57 Missing Observations
[6] Each percentage has been calculated according to the relevant N.

TABLE 35: TOTAL MONTHLY INCOME OF RESPONDENTS BY TYPE OF REQUESTS FOR ADDITIONAL ASSISTANCE

(NUMBER AND PERCENTAGE) [1]

	INCOME						
	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
	N=217		N=116		N=148		N=307	
ACTIVITIES IN THE HOME								
Light Housework	(16)	7	(4)	3	(12)	8	(21)	7
Heavy Housework	(28)	13	(14)	12	(18)	12	(34)	11
Making A Cup Of Tea	(2)	1	(0)	0	(1)	1	(1)	1
Meal Preparation	(6)	3	(5)	4	(3)	2	(6)	2
Laundry	(2)	1	(6)	5	(3)	2	(3)	1
House Repairs	(13)	7	(15)	14	(8)	6	(23)	8
Climbing Stairs	(2)	1	(0)	0	(6)	4	(2)	1
Mobility At Home	(0)	0	(0)	0	(2)	1	(0)	0
Using The Telephone	(2)	1	(1)	1	(2)	1	(0)	0
Mending	(3)	1	(2)	2	(0)	0	(3)	1
ACTIVITIES OUTSIDE OF THE HOME								
Yard Work	(15)	8	(9)	9	(14)	10	(30)	11
Shopping	(8)	4	(6)	5	(5)	3	(7)	2
Going Out In Bad Weather	(2)	1	(0)	0	(1)	1	(0)	0
Going Out In Good Weather	(6)	3	(5)	4	(1)	1	(7)	2
Banking	(1)	1	(4)	3	(1)	1	(3)	1
Paying Bills	(3)	1	(0)	0	(0)	0	(2)	1
Financial Assistance	(2)	1	(1)	1	(1)	1	(3)	1
PERSONAL								
Getting In And Out Of Bed	(2)	1	(0)	0	(0)	0	(1)	1
Bathing	(1)	1	(0)	0	(0)	0	(1)	1
Dressing	(0)	0	(1)	1	(0)	0	(1)	1
Cutting Toenails	(14)	7	(9)	8	(4)	3	(12)	4
Taking Medication	(0)	0	(0)	0	(1)	1	(0)	0

[1] Each percentage has been calculated according to the relevant N.

TABLE 36: <u>TOTAL MONTHLY INCOME OF RESPONDENTS BY INTEREST</u>
<u>EXPRESSED IN VARIOUS HOUSING ARRANGEMENTS</u>

(NUMBER AND PERCENTAGE)

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Moving In With Family[1]	(44)	24	(16)	16	(16)	13	(40)	13
Moving In With Friends[2]	(7)	4	(4)	4	(6)	4	(3)	1
Staying Home With Community Services To Assist[3]	(108)	56	(59)	56	(92)	70	(182)	63
Staying Home With Family/ Friends To Assist[4]	(103)	52	(56)	51	(82)	59	(154)	52
Supportive Housing Arrangement[5]	(130)	64	(81)	73	(92)	66	(219)	73

[1] 128 Missing Observations, Chi Square = 9.85 $p < .05$
[2] 100 Missing Observations
[3] 125 Missing Observations, Chi Square = 7.90 $p < .05$
[4] 103 Missing Observations
[5] 93 Missing Observations

TABLE 37   TOTAL MONTHLY INCOME OF RESPONDENTS BY FIRST
MODE OF TRANSPORTATION USED FOR SHOPPING
(NUMBER AND PERCENTAGE)

	INCOME						
	Below $600		$600-$799		$800-$999		$1000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(57)	28	(28)	25	(21)	15	(47)	16
Drive Self	(43)	21	(43)	39	(69)	50	(178)	60
Driven By Spouse	(10)	5	(9)	8	(19)	14	(40)	13
Driven By Friend	(7)	3	(5)	5	(1)	1	(3)	1
Driven By Relative	(48)	24	(11)	10	(17)	11	(12)	4
Taxi	(8)	4	(2)	2	(3)	2	(3)	1
Public Transportation	(27)	13	(11)	10	(9)	7	(16)	5
Other	(3)	2	(1)	1	(0)	0	(0)	0
TOTAL*	(203)	100	(110)	100	(139)	100	(299)	100

*95 Missing Observations

TABLE 38   TOTAL MONTHLY INCOME OF RESPONDENTS
                  BY FIRST MODE OF TRANSPORTATION USED
                  FOR MEDICAL APPOINTMENTS
                  (NUMBER AND PERCENTAGE)

| | INCOME | | | | | | |
| | Below $600 | | $600-$799 | | $800-$999 | | $1000+ | |
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(32)	15	(19)	17	(19)	13	(34)	11
Drive Self	(42)	20	(42)	38	(68)	47	(163)	54
Driven By Spouse	(11)	5	(9)	8	(17)	12	(41)	14
Driven By Friend	(5)	2	(7)	6	(3)	2	(2)	1
Driven By Relative	(59)	28	(12)	11	(15)	10	(12)	4
Taxi	(19)	9	(3)	2	(5)	4	(9)	3
Public Transportation	(37)	18	(19)	17	(14)	10	(35)	12
Public Agency	(3)	1	(1)	1	(0)	0	(0)	0
Other	(3)	2	(0)	0	(3)	?	(2)	1
TOTAL*	(211)	100	(112)	100	(144)	100	(298)	100

*81 Missing Observations

TABLE 39   TOTAL MONTHLY INCOME OF RESPONDENTS
BY FIRST MODE OF TRANSPORTATION USED
FOR SOCIAL ACTIVITIES
(NUMBER AND PERCENTAGE)

	Below $600		$600-$799		$800-$999		$1000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(27)	16	(14)	15	(13)	10	(28)	10
Drive Self	(36)	21	(42)	44	(63)	50	(171)	62
Driven By Spouse	(10)	6	(6)	6	(18)	14	(37)	13
Driven By Friend	(27)	16	(7)	7	(7)	6	(10)	4
Driven By Relative	(34)	20	(13)	14	(11)	9	(9)	3
Taxi	(5)	3	(0)	0	(2)	2	(4)	2
Public Transportation	(29)	17	(13)	13	(12)	9	(17)	6
Public Agency	(0)	0	(1)	1	(0)	0	(0)	0
Other	(1)	1	(0)	0	(0)	0	(0)	0
TOTAL*	(169)	100	(96)	100	(126)	100	(276)	100

The column header "INCOME" spans the four income ranges.

*179 Missing Observations

TABLE 40: <u>TOTAL MONTHLY INCOME OF RESPONDENTS BY REPORTS</u>
<u>OF TRANSPORTATION PROBLEMS RELATED TO MEDICAL</u>
<u>APPOINTMENTS</u>

(NUMBER AND PERCENTAGE)

<u>INCOME</u>

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Transportation Problems Reported	(14)	7	(10)	9	(6)	4	(8)	3
No Transportation Problems Reported	(199)	93	(106)	91	(139)	96	(294)	97
TOTAL*	(213)	100	(116)	100	(145)	100	(302)	100

Chi Square = 8.19   P <.05

*70 Missing Observations

TABLE   41

TOTAL MONTHLY INCOME OF RESPONDENTS BY FREQUENCY
WITH WHICH ASSISTANCE IS USED WHEN TRAVELLING BY
PUBLIC TRANSPORTATION
(NUMBER AND PERCENTAGE)

FREQUENCY
WITH WHICH
ASSISTANCE
WAS USED

INCOME

	Below $600		$600-799		$800-999		$1000 +	
	(N)	%	(N)	%	(N)	%	(N)	%
Always/ Sometimes	(27)	22	(8)	14	(5)	8	(14)	9
Never	(95)	78	(48)	86	(61)	92	(140)	91
TOTAL	(122)	100	(56)	100	(66)	100	(154)	100

Chi Square = 16.07   P < .05

TABLE 42:   TOTAL MONTHLY INCOME OF RESPONDENTS
                   BY USE OF TAXIS

              (NUMBER AND PERCENTAGE)

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Used Taxis	(90)	42	(36)	31	(47)	32	(88)	29
Did Not Use Taxis	(127)	58	(80)	69	(101)	68	(219)	71
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

INCOME

Chi Square = 9.94   P < .05

*58 Missing Observations

TABLE 43: TOTAL MONTHLY INCOME OF RESPONDENTS BY REQUESTS FOR ASSISTANCE WITH TRANSPORTATION

(NUMBER AND PERCENTAGE)

	Below $600 (N)	%	$600-$799 (N)	%	$800-$999 (N)	%	$1,000+ (N)	%
Requested Assistance	(48)	23	(29)	25	(34)	23	(36)	12
Did Not Request Assistance	(165)	77	(86)	75	(112)	77	(268)	88
TOTAL*	(213)	100	(115)	100	(146)	100	(304)	100

Chi Square = 16.55 P <.01

*68 Missing Observations

TABLE 44: TOTAL MONTHLY INCOME OF MARRIED RESPONDENTS
BY REQUESTS FOR ASSISTANCE WITH TRANSPORTATION

(NUMBER AND PERCENTAGE)

INCOME

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Requested Assistance	(6)	16	(16)	28	(27)	24	(25)	10
Did Not Request Assistance	(31)	84	(42)	72	(84)	76	(214)	90
TOTAL	(37)	100	(58)	100	(111)	100	(239)	100

Chi Square = 16.33 P <.01

TABLE 45:   TOTAL MONTHLY INCOME OF RESPONDENTS BY
              REPORTS OF DIFFICULTY WITH EXPENSES

                    (NUMBER AND PERCENTAGE)

DIFFICULTY
WITH EXPENSES   INCOME

	Below $600 (N)	%	$600-$799 (N)	%	$800-$999 (N)	%	$1,000+ (N)	%
No	(186)	86	(100)	86	(134)	91	(289)	94
Yes	(31)	14	(16)	14	(14)	9	(18)	6
TOTAL*	(217)	100	(116)	100	(148)	100	(307)	100

Chi Square = 12.14 P $<$ .01

*58 Missing Observations

TABLE 46: <u>RESPONDENTS' PROPOSED USE OF ADDITIONAL INCOME</u>
<u>ON VARIOUS SPENDING OPTIONS</u>

(NUMBER AND PERCENTAGE)

N=846

| | WOULD USE*
ADDITIONAL INCOME | | WOULD NOT
USE ADDITIONAL
INCOME | |
	(N)	%	(N)	%
Housing	(318)	39	(498)	61
Food	(134)	16	(680)	84
Clothing	(189)	23	(627)	77
Medical Needs	(109)	13	(705)	87
Recreation	(210)	26	(603)	74
Transportation	(259)	32	(560)	68
Trips	(476)	58	(346)	42

* Proposed use of additional income here refers to a yes
  or maybe response.

TABLE 47:   TOTAL MONTHLY INCOME OF RESPONDENTS BY PROPOSED USE
              OF ADDITIONAL INCOME ON VARIOUS SPENDING OPTIONS

                        (NUMBER AND PERCENTAGE)

	Below $600		$600-$799		$800-$999		$1,000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Housing[1]	(90)	43	(48)	43	(63)	44	(99)	33
Food[2]	(48)	23	(26)	23	(22)	15	(31)	10
Recreation[3]	(35)	17	(28)	25	(38)	26	(100)	34
Trips[4]	(104)	50	(64)	57	(85)	58	(199)	66

[1] Chi Square = 17.41 $P < .01$
[2] Chi Square = 22.87 $P < .01$
[3] Chi Square = 19.11 $P < .01$
[4] Chi Square = 30.39 $P < .01$

TABLE 48: TOTAL MONTHLY INCOME OF MARRIED RESPONDENTS BY PROPOSED USE OF ADDITIONAL INCOME ON VARIOUS SPENDING OPTIONS

(NUMBER AND PERCENTAGE)

INCOME

	Below $600 (N)	%	$600-$799 (N)	%	$800-$999 (N)	%	$1,000+ (N)	%
Housing[1]	(22)	58	(30)	54	(47)	43	(83)	36
Food[2]	(6)	16	(12)	21	(18)	17	(24)	10
Trips[3]	(20)	53	(33)	58	(69)	62	(161)	69
Medical Needs[4]	(7)	17	(11)	20	(17)	16	(18)	8

[1] Chi Square = 21.49 $P < .01$
[2] Chi Square = 13.92 $P < .05$
[3] Chi Square = 18.28 $P < .01$
[4] Chi Square = 15.88 $P < .05$

APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.

2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.

3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.

4. Elderly Residents in Ontario: Their Use of Transportation.

5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.

6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.

7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.

9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.

10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.

11. Elderly Residents in Ontario: Marital Differences With Particular Focus on Those Who Are Single.

12. <u>Elderly Residents in Ontario: Income Group Differences</u>.

13. <u>Elderly Residents in Ontario: Rural-Urban Differences</u>.

The series also includes:

14. <u>Elderly Residents in Ontario: Study Methodology</u>: a paper outlining the background of the study and the research methods employed.

15. <u>Elderly Residents in Ontario: An Overview</u>: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

Additional copies of this report, and others in the series, are available in person from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario;

or, by mail through contacting:

    Publications Services
    5th Floor, 880 Bay Street
    Toronto, Ontario
    M7A 1N8

In Ontario call toll free 1-800-268-7540; or, from area code 807 ask the Operator for Zenith 6-7200.

APPENDIX

GLOSSARY

Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occuring by chance.

Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).

Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.

Community Agency/
Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.

Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.

Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.

Dependent Variable: the outcome or determined condition in a relationship between two or more variables.

Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)

Frail: reports of three or more disabilities was the basis for defining a person as frail.

Frequencies: descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.

Friendly Visiting: a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.

G.I.S.:   Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.

GAINS-A: Ontario provincial income supplement for senior citizens.

Health Care System: family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.

Home Care: a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.

Independent Variables: the determining condition in a relationship of two or more variables.

Institutional Settings: nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.

Instrument: the tool used to gather data; in this case the tool was an interview schedule.

Interfering Health Conditions: health conditions identified by a physician which the respondents consider to interfere with their day to day activities.

Interview Schedule: the questionnaire used by the interviewer to ask questions and record information.

Leisure Activity: an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.

Mean ($\bar{X}$):   the sum of all the observations divided by the number of observations.

Missing
Observations: instances in which the information is not available for a particular question.

Multiple Response: a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.

OARS ADL Scale: specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).

Old Age Security
Data Base: a complete listing of all persons aged 62+ who receive the Old Age Security Pension.

Paid Help: distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.

Personal Care
Activities: activities such as bathing, dressing and getting in and out of bed.

Pretest: the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously Married:	individuals who were married but are not presently married due to being widowed, divorced or separated.
Random Sample:	a process for sample selection in which every element in the population is given an equal chance of being picked.
Represenativeness:	the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.
S.D.:	a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.
SPSS:	Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.
Sample:	part of the population at large, selected for study.
Sample Frame:	the base from which a sample is drawn, i.e., list of names.
Significant Differences:	determined through a statistical procedure to establish that the relationship between variables did not occur by chance.
Single:	persons who have never been married or are not living common-law.
Social Contacts:	visits with friends and family or in person.
Socio-Economic:	characteristics frequently used to measure social status such as educational level or income.
Stratified Sample:	a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

**Supportive Housing
Arrangements:**   a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau: Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable: refers to a particular characteristic of the sample being considered.

Volunteer: a person who gives his/her time to a particular cause or organization without pay.

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UNITED SENIOR CITIZENS
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Ontario

MINISTER FOR
SENIOR CITIZENS AFFAIRS
SENIORS SECRETARIAT

ELDERLY RESIDENTS IN ONTARIO

ELDERLY RESIDENTS IN ONTARIO

AN OVERVIEW

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario (USCO) survey. The purpose of this paper is to provide an overview of the study's major findings.

In view of the range of topics considered in the USCO survey, it was decided to create a series of papers with each paper focusing upon a particular topic (Appendix 2). Within the series, seven papers are issue oriented, six papers provide profiles of particular groups within the population and one paper deals with the methodology. Finally, this paper provides an overview of the content of the other papers in the series.

The reader is reminded that more complete discussions of the findings are found in each of the papers in the USCO series and it is recommended that they be consulted for elaboration on specific information.

2. THE SURVEY METHOD:

Background to the Study

The United Senior Citizens of Ontario (USCO), an organization representing 250,000 persons conceived the idea of a province-wide study of seniors. In 1981 the USCO initiated a meeting with the Program Development Branch, Ontario Ministry of Health to request research assistance. In view of the growing numbers of seniors in the province and their potential impact on the health care system, the Ministry of Health agreed to offer the necessary support.

Members of the USCO Research Task Force and staff at the Ministry of Health formulated the study's research objectives. The principal objective was to gather baseline information on the living situations of older persons who reside outside of institutional settings. The formulation of this objective was largely a response to the absence of information on this population.

Various provincial ministries offered support for the study. Their support was based on the recognition that the elderly segment of the population in Ontario was growing and future policy and planning would benefit from detailed descriptions of the living situations of older persons residing outside of institutions.

Formulation of Research Questions

The principal objective of the study, i.e. a systematic examination of the living situations of elderly persons who reside outside of institutional settings, was translated into a series of research questions. The questions pertained to recreational participation, social contacts, emergency assistance, ability to carry out activities of daily living (ADLS), receipt of assistance with day to day activities, health status, use of the health care system, transportation use, housing, economic status and demographic characteristics.

The concepts central to these questions were identified, defined and operationalized. In view of the type of information desired, the decision was made to carry out a survey in selected areas across the province. It was felt that the most appropriate data collection method for the extensive data requirements was face to face interviews.

A structured interview schedule was developed for the study. Although most of the questions included in the interview schedule were designed specifically for the study, a number of questions were taken from the "Older American Resources and Services Program Survey" (OARS) and the Massachusetts Health Care Panel Study. The interview schedule was pretested. The final version was 58 pages in length with 99 questions. The administration time was approximately one hour.

Sampling and Data Collection

The population for the study was persons 62 years of age and older who resided outside of institutional settings in Ontario. It was recognized that cost constraints would not allow for a random sample of persons across Ontario and that a more feasible method of sampling would be the surveying of selected communities. The decision was made to select communities:

o representing different regions of the province
o of various sizes
o with a representative proportion of francophones
o with active USCO clubs

Eight communities were selected: five urban and three rural. The urban communities were Toronto, Windsor, Sault Ste. Marie, Penetanguishene and Brockville. The rural communities were Cookstown, Athens and Bruce Mines. These communities were geographically dispersed in Northern, Southern, Eastern and Central Ontario.

A proportional stratified sample design was used. The sampling frame was the July, 1982 list of persons on the Old Age Security Data Base. The data base, owned by Health and Welfare Canada, is the most complete listing of persons aged 62 and over in the province. It lists every person who receives the Old Age Security Pension (OAS) or the Spouse's Allowance.

The desired number of interviews was 1,000. It was decided to sample 1,400 persons or 40% more than the number of interviews desired to allow for attrition. The number of persons sampled in each community was determined on the basis of the proportion of persons aged 65 and over who resided in communities of comparable size across Ontario.

Interviews were solicited by mail and by telephone calls. All prospective interviewees were sent a letter introducing the study, outlining its purpose and asking for the individual's participation. Participation was voluntary and confidentiality was assured. If an enclosed business reply card was not returned, staff of Health and Welfare, Canada attempted to call all persons and ask for their consent to be interviewed.

The field work commenced in August, 1982. The data collection took approximately three weeks in each of five fieldwork locations. At the conclusion of the fieldwork 846 persons had been interviewed representing an overall response rate of 60%.

Representativeness of the Sample

One measure of the reliability of a survey is the degree to which the sample is representative of the total population. The representativeness of the sample was measured by examining the correspondence between the characteristics of the sample and the characteristics of the Ontario population 65 years of age or older.* Three characteristics were compared: community representation, age distribution and sex distribution.

The proportion of the sample interviewed in each community closely corresponded to the proportion of persons aged 65+ who resided in communities of comparable sizes in Ontario. This comparison is shown on the table below:

Population Size	Percentage Distribution of Persons 65+ by Size of Community in Which They Reside in the Province of Ontario	Percentage of Respondents in the USCO Sample Residing in Communities of Comparable Size
500,000+	34%	31% (Toronto)
30,000-499,000	31%	31% (S.S.Marie/ Windsor)
1,000-29,999	17%	18% (Penetang/ Brockville)
Less than 1,000	18%	20% (Cooks/Athens/ Bruce Mines)

The age distribution of the sample was also found to closely resemble the age distribution of persons 65 and over in the province for all study locations. Approximately two-thirds of the Ontario population aged 65+ were over the age of 70 in all locations ranging from 65% in the largest urban centres to 69% in the rural communities. The sample followed the same trend; 61% of the Toronto respondents were over 70 and 68% of the rural respondents were over 70.

In the sample women outnumbered men consistent with the percentage differences for people 65 and over in the study communities. Overall, women outnumbered men comprising 58% of the total sample. This percentage is consistent with the 1981 Census data for the study sites in which 60% of the population aged 65 and over was female.

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* Data for Ontario Population drawn from 1981 Census Data.

3. DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

In this section the demographic characteristics of the sample are reviewed. Included is a description of the respondents' age, sex, marital status, housing, living mates, income, education and employment status.

The age range of the respondents was 62 to 98 years. Sixty percent of the respondents were between the ages of 62 and 74, 33% were aged 75-84 and 7% were aged 85+. The mean age was 74 years. Two respondents were less than 65 years of age and these respondents were recipients of the Spouse's Allowance.

More than one-half (58%) of the respondents were female. Women outnumbered men in all but the rural locations where the percentage of men was slightly higher (51%). The proportion of women tended to increase as the size of the community increased. This trend was most apparent in Toronto where two-thirds of the respondents were female. No statistically significant differences were found in the age distribution of the sexes.

More than one-half (56%) of the respondents were married; 37% were previously married (widowed, divorced or separated) and 7% were single. Women outnumbered men two to one in both the single and previously married groups. Sixty-eight percent of the single respondents were female, and 81% of the previously married respondents were female. Men represented more than one-half (58%) of the married respondents.

The likelihood of being married decreased with age with only three percent of the married respondents being aged 85 years and over. The majority of both the single (63%) and married (70%) respondents were in the youngest age group.

The majority (72%) of respondents resided in houses. Just over one-quarter (27%) resided in apartments and one percent lived in boarding homes or rented rooms. Nine percent of the respondents lived in apartments designated for senior citizens. Two-thirds of all persons (67%) owned their residence. The likelihood of residing in houses was greatest among persons in rural communities, persons aged 62-74, men, married individuals and persons with higher incomes. It is noteworthy that as the income of the respondents increased, the likelihood of residential ownership increased.

The majority (70%) of the persons interviewed lived with at least one other person. Eighty-one percent lived with a spouse, close to one-fifth lived with children; 8% lived with siblings or other relatives and 1% lived with friends.

Less than one-third of the respondents lived alone. The likelihood of living alone was greatest among persons in urban communities and persons 85 years and older.

In the population surveyed 27% of the total sample fell into the lowest income group* (below $600 monthly); 15% were in the second group ($600-799 monthly); 19% were in the third group ($800-999 monthly) and 39% were in the highest group ($1,000+ monthly).

Forty-three percent of the respondents had eight years or less of formal education. Thirty-nine percent had nine to twelve years and 18% had thirteen years or more. Advanced age was related to fewer years of formal education.

Nine percent of the respondents were employed on either a part-time or full-time basis. The employed seniors were most likely to be men, less than 75 years of age and residing in either Toronto or a rural area.

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* During July 1982, when the study was conducted the federal and provincial governments guaranteed the following total payments through the Old Age Security, Guaranteed Income Supplement and Gains-A programs: $529.29 for single seniors and $1,003.28 for married seniors.

4. LIFE IN THE COMMUNITY

The USCO survey covered many issues pertaining to the living situation of elderly persons residing outside of institutions in Ontario. Seven principal topic areas were considered in the analysis of the data. Topics included were health status of the elderly and their use of the health care system, social contacts, providers of assistance and requests for additional assistance, potential and actual use of community services, housing situation, transportation use, participation in leisure activities, and involvement in volunteer activities. The topic areas were chosen following a preliminary review of the data. The issues singled out for examination reflect both the pertinent findings of the survey and the information needs identified at the outset of the study. Each of the topic areas deals with a specific aspect of a senior citizens life, and together they form a composite picture of the life circumstances of elderly persons residing in Ontario communities. This section of the paper is devoted to highlighting the findings related to the life of elderly persons in the community.

Health Status and use of the Health Care System

Health status is a multidimensional concept and for purposes of this study was measured by seven variables including:

a) subjective rating of health

b) comparison of health with five years previous

c) extent to which health conditions stand in the way of doing things persons want to do

d) number and type of health conditions

e) number and type of interfering health conditions

f) use and requirements for assistive devices

g) ability to perform activities of daily living

The information presented was derived from self reports.

The majority (61%) of the respondents considered themselves to be in good or excellent health. Thirty percent rated their health as fair, and 9% considered their health to be poor. Over one-half (56%) of the respondents felt that their health had remained the same over a five year period and over one-third (34%) reported a deterioration in health.

Women and persons 85 years and older were the most likely of all respondents to rate their health as poor and the most likely to report a deterioration in their health.

Despite the fact that the majority of respondents considered themselves to be in "good" health, almost two thirds (61%) reported that they had health conditions which interferred with their daily activities. The respondents reported an average of three to four health conditions and an average of one to two interfering conditions.

The respondents were asked to evaluate their ability to perform nine activities of daily living (ADLS) including such tasks as using the telephone, bathing and shopping. It was significant to find that over 31% of the respondents reported that they required help, or were unable to perform at least one of the nine ADLS. If the respondents indicated a requirement for help with the activity or an inability to do the activity they were reported as having a disability. Table 1 shows that the two ADLS for which the greatest number of disabilities were reported were housework and shopping.

The number of disabilities reported varied by sex and age. Women reported more disabilities than men. As well, as individuals aged, they reported more disabilities.

The receipt of assistance with day to day activities was related to the number of disabilities reported by the respondents. The respondents who reported a larger number of disabilities also received assistance with more activities. Sixty-seven percent of persons who had three or more disabilities received assistance with five or more activities. It is noteworthy that 20% of the persons who reported at least one disability received no assistance. Additionally, almost two-thirds (65%) of the persons with interfering health conditions received no assistance.

With the finding that most of the respondents had no disabilities, it was not surprising to find that the majority of respondents were fully mobile. Ninety-one percent of the respondents indicated they could walk around an average block.

In light of the respondents' health status, an examination was made of the respondents' use of the health care system, specifically, visits with family physicians and medical specialists, hospitalizations and use of community services.

Ninety-five percent of the respondents reported having a family physician and 92% of these individuals had seen their physicians within the 12 month period prior to the interview. The mean number of physician visits over the year was six. The number of visits increased with advancing age; four or more visits were made by 58% of the respondents aged 62-74 compared to 70% of the respondents 85+. Women saw their physicians a greater number of times than did men.

Forty percent of the respondents had also been seen by a medical specialist over the previous twelve month period. The respondents in the largest urban centres (Toronto, Windsor, Sault Ste. Marie) were more likely to have seen a specialist than their rural counterparts. No significant differences were found by age or sex with respect to whether the respondents were seen by a specialist, or the number of times the specialists were seen.

Nineteen percent of the respondents had been hospitalized during the twelve month period prior to the interview. The average length of stay was 24 days. The most frequent reasons for the first hospitalization were surgery, heart related ailments and tests. As the respondents aged they had a greater likelihood of being hospitalized. One-quarter of the 85+ group had been hospitalized compared to 17% of the group aged 62 to 74. The respondents in the 85+ group spent a longer time in the hospital than the younger respondents. Hospitalizations were more common among persons with a greater number of health conditions, persons who rated their health as poor, and persons who received assistance with day to day activities.

Social Contacts, Providers of Assistance and Requests for Additional Assistance

An elderly person's ability to reside outside of institutional settings may be influenced by their social networks and the assistance they receive. This portion of the data analysis focuses on the respondent's social contacts, providers of assistance and requests for additional assistance.

The findings of the study revealed that the majority of respondents had social networks consisting of both family members and friends. Almost all of the respondents (99%) had contact with at least one family member and over two-thirds had contacts with seven or more family members.

The most frequent contacts with family were by telephone. Seventy-nine percent of the respondents had phone contact with a family member at least once a week; 13% had phone contact with family one to three times a week) and 8% spoke with family members by telephone less than once a month or not at all. The most frequent phone contact with family members was maintained by women and by the youngest respondents.

In-person visits with family were less frequent than telephone contact. However, almost one-half (48%) of the respondents were visited by a member of the family a minimum of once per week, and a further 28% were visited one to three times per month. The respondents visited family members less frequently than they were visited by them.

The respondent's contact with friends, like those with family members were most frequently by telephone. Two-thirds of the respondents were in phone contact with friends at least once per week, and almost three-quarters (72%) were visited a minimum of once per month. The younger respondents and women in the sample maintained the most frequent phone contact with friends. The younger respondents also received more frequent visits from friends.

The significance of the respondents' social network was emphasized by the role family and friends play in assisting the older persons with day to day activities. The table below indicates the sources of assistance used by the respondents:

Providers of Assistance	Percentage of Total Assistance Provided
Children	28%
(daughter - 17%)	
(son - 11%)	
Other Relative	22%
Paid Help	22%
Spouse	15%
Neighbour/Friend	9%
Community Agency	3%
Other	1%
Total	100%

Almost three quarters of all assistance received by the respondents was provided by family members or neighbours/friends. The single most frequent provider of assistance was children, and in particular daughters. The majority of assistance was provided by persons who did not reside with the respondents.

The survey documented the activities with which the respondents received assistance and requests for additional assistance. Twenty-four percent of the respondents indicated requests for additional assistance with day to day activities. The largest number of requests for assistance were in relation to heavy housework, yard work, house repairs, light housework and cutting toenails.

The persons who had requests for additional assistance were compared to those who had no requests irrespective of whether they received assistance. No significant differences among groups were found when the recipients' age, contact with children or frequency of contacts with children were considered. However, differences across groups were found when marital status, sex and number of interfering health conditions of the respondents was examined. The persons most likely to voice requests for additional assistance were widowed, divorced or separated; women rather than men and the persons with a greater number of interfering health conditions. It is apparent that family members and friends play a significant role in assisting older persons with their day to day activities. It is noteworthy however, that the maintenance of regular contact with family and friends does not guarantee that the older persons will not have requests for additional assistance.

Potential and Actual Use of Community Services

In Ontario, a large number and variety of services are targeted at assisting older persons in the community. Despite the existence of the programs the actual use of the services is not well documented. The study sought to systematically examine the type of assistance older community residents require with day to day activities and the providers of assistance.

The potential use of community services was assessed by asking the respondents to indicate the persons/agencies they would contact for assistance should certain situations arise. These situations included transportation, bathing, shopping, personal care, depression, finances, and dealing with the old age security agency.

In the assessment of potential use, the source of assistance cited most frequently was the respondents child (31%) followed by their spouse (21%). The third and fourth most frequently reported sources of assistance were community services (10%) and neighbours/friends (10%). Of significance is the finding that in one out of ten situations community services would be called upon if help was needed.

An examination of the respondents' reaction to the seven situations posed revealed that 44% said they would call on community services for assistance with at least one activity. The priorities given to community services varied considerably by activity. The respondents reported that they would most frequently call upon community services if they required assistance with bathing, if they had trouble with their old age security cheque and needed help dealing with the agency or if they became seriously ill with the flu for a week and needed someone to help take care of them at home.

The only significant distinguishing characteristic of the persons who stated they would contact community services was marital status. The respondents most likely to seek community services were single or divorced/separated. Married respondents were the least likely to say they would call on community services if faced with the situations presented.

The actual use of community services was measured in part by the number of respondents who received assistance from a community service with one or more of the 22 day to day activities. Although 44% of the respondents said they would look to community services for assistance, only 5% of the respondents who received assistance actually used community services for help with the 22 activities. Respondents in the rural areas were the least frequent users of the services.

As the respondents increased in age they were more likely to use the services. As well, the respondents who had a greater number of interfering health conditions were more likely to use community services than the respondents reporting fewer interfering conditions.

Community services were most frequently used for activities of personal care including bathing, taking medication and cutting toenails. Community services were least often used for activites outside of the home.

The respondents' actual use of community services was also measured by their reported use of five specific community services. The five community services were: Visiting nurses (public health or VON); visiting or Red Cross Homemakers, Home Care, Meals on Wheels or Friendly Visiting. Despite the fact that only five percent of the respondents who received assistance had the help of community services, ten percent of the respondents said they received the assistance of at least one of the five community services. Users of these services were most likely to reside in Sault Ste. Marie/Windsor (13%) and least likely to reside in the rural areas (8%) or Toronto (7%).

The users of these specific services were differentiated from the non-users by age, marital status, number of interfering health conditions and number of living mates. Use of these services was greatest among the oldest respondents (85+), the divorced/separated and widowed; respondents with a greater number of interfering health conditions and the respondents who lived alone.

Current Housing Situation and Interest in Various Housing Options

In the USCO study attention was given to the respondents' current housing situation and the type of accommodation they would desire should they have difficulty caring for their own needs. Essential to this examination was a delineation of both the characteristics of the persons who live in differing housing environments and the characteristics of the persons who express interest in various housing alternatives.

The majority of respondents (72%) resided in houses and most (67%) of the respondents owned the residence in which they lived. Nine percent of the respondents resided in apartments specifically for senior citizens.

The respondents who resided in houses differed from those who did not by their age, sex, marital status and income. The respondents most likely to reside in houses were between the ages of 62 to 74, men, married and with monthly incomes exceeding $999.

Over two-thirds of the respondents lived with other persons and the majority (84%) of these individuals lived with one other person. The person most likely to share a home with the respondents was a spouse (81%).

The thirty percent of the respondents who lived alone could be distinguished from those living with others by age, community of residence, marital status and income. The respondents most likely to live alone were slightly older, were residents of urban areas, divorced or separated and had a monthly income which fell below $600 per month.

The satisfaction of the respondents with their housing was evaluated by asking the respondents to indicate if they felt their current residence was too large, too far from services, too far from family, too far from friends or too far from transportation. More than 80% of the respondents answered in the negative to each of these statements. The complaint voiced most frequently by the respondents was that their residence was too far from family (16%).

A very small proportion (5%) of the respondents indicated plans to move in the future and of those who did, the majority said their reason was the difficulty they had maintaining their home. Forty percent of the persons with plans to move said they would be moving into a senior citizens apartment complex.

The respondents were asked to project into the future and consider the type of housing situation they would want should they have difficulty caring for their needs. Seven housing options were presented to the respondents and they were asked to indicate their interest in each. The percentage of respondents who expressed interest in each housing options was:

1. Staying home with community services to assist (57%).
2. Moving into a housing project where some services were available (47%).
3. Moving into a home for elderly persons (45%).
4. Staying home with family to assist (44%).
5. Staying home with friends to assist (36%).
6. Moving in with members of the family (16%).
7. Moving in with friends (3%).

It is noteworthy that in spite of the fact that very few respondents currently received the assistance of community services the most popular housing option was staying home with community services to assist. The respondents who chose this option were more likely to be living in apartments and to have requests for additional assistance with day to day activities.

Although family and friends provided the respondents with the bulk of assistance, the respondents indicated that should they require more assistance they would prefer to receive the assistance from formal services rather than from family and friends. Clearly, the least popular housing option was moving into the home of a family member or a friend.

Use of Transportation

Adequate transportation is a critical enabling factor to the maintenance of independence for older persons. It is a facilitating factor in the integration of older persons into society and into the use of its resources. The examination of transportation in the USCO study focused on the basic transportation modes used by seniors and the associated problems.

Information was gathered on the type of transportation used by the respondents for shopping, medical appointments and social occasions. The findings of the study revealed that the largest proportion (at least 40%) of respondents drove themselves when going to any of these activities. Being driven by others (including spouse, relatives or friends) was the second most frequently used mode of transportation for all three activites. More than one quarter of the respondents were driven by others to each activity. The use of public transportation varied by activity from a low of eight percent for shopping to a high of eighteen percent for social occasions. Residents of Penetanguishene/Brockville were most likely to drive to each of these activities. The respondents living in Toronto made the greatest use of public transportation.

Nine percent of the total sample reported problems with transportation. The number of respondents reporting problems varied across communities. The most frequent problems were cited by residents of the small-urban communities (Penetanguishene/Brockville, 13%) and the least frequent problems were reported by residents of the middle-sized urban communities (Sault Ste. Marie/Windsor, 5%).

Transportation problems were reported most frequently by persons with a larger number of interfering health conditions, by women and by single and widowed respondents.

The respondents were asked to indicate the type of transportation problems they encountered with respect to going shopping, going to medical appointments and going to social occasions. Table 2 shows that the transportation problem identified most often and by more than one-half of the respondents was the absence of persons who could be called upon if a ride was needed. Problems also frequently cited were the inconvenience of public transportation and the dislike of dependency on other persons.

Irrespective of whether the respondents reported transportation problems, they were asked to indicate if they would be interested in having assistance if it was made available. Almost one-fifth (19%) of the respondents answered in the affirmative and specified the type of assistance they wanted. Approximately one-third of the respondents requesting assistance wanted a transportation service that would pick them up at their home; just over one-third wanted the assistance of an accompanying individual when travelling by public or private transportation; and a further 31% expressed a desire for financial assistance with taxis.

Fifty percent of the total sample reported using public transportation. As stated previously, the largest proportion of users were residents of Toronto. The most frequent users of public transportation were also most likely to be women and widowed or single (never-married).

The vast majority of respondents travelled on public transportation without assistance. However, three percent of the respondents indicated that they could use additional assistance. The majority (86%) of these persons wanted an accompanying individual.

Taxis were used less often than public transportation. Thirty-two percent of the total sample used taxis. The most frequent users of taxis resided in Toronto.

The respondents were asked to indicate whether or not additional income, if available, would be spent on transportation. Close to one-third (32%) indicated that additional income would be spent on transportation.

Participation in Leisure Activities and the Barriers to Participation

The USCO study sought to systematically examine the participation in leisure activities by older persons residing in Ontario. The principal areas of concern were the type of activities the respondents participated in, the desire they express with the extent of their participation, and the barriers to participation.

The respondents were asked about their participation in 21 activities. Included were solitary activities, group activities, activities requiring a minimum expenditure of energy and activities requiring considerably more physical energy. Table 3 shows that the respondents' participation varied considerably by activity. Over 80% received visits from family and friends, spoke on the phone with family and friends, went to visit family and read. Over one-half of the respondents gardened, travelled and/or attended a church or synagogue. Less than one-fifth participated in sports or helped out at election time.

The respondents who had been participating in each of the activities were asked if they wanted to participate more than they had already been doing. Of the activities carried out by the respondents, the majority (69%) were done to the respondents' satisfaction.

The activity for which the largest proportion of respondents' desired to increase their involvement was travelling. At least one-third of the respondents said they wanted to receive visits from family, go to visit family, take walks, go for drives, partake in hobbies, go to the theatre and go to sports events more frequently than they had currently been doing.

Of the 846 persons interviewed only five percent said they were satisfied with their participation in the full range of 21 activities considered. The respondents who reported satisfaction with the extent of their participation were distinguished by the fact that the majority were female, were between the ages of 75 to 84, had nine to twelve years of schooling and were British in origin. It is noteworthy that almost one-half (44%) of this group had no interfering health conditions.

The remaining 95% of the sample indicated that they wanted to participate more than they were currently doing or that they wanted to become involved in selected activities. These persons were asked for the reasons for not participating to the extent they desired.

The identified barriers to participation are shown below:

Respondents health problems	23%
Respondents busy (other involvements)	15%
Too expensive	13%
Distance	8%
No companions	6%
No transportation	5%
Others busy	5%
Lazy	4%
Family health problems	4%
No opportunities available	3%
Not sure how to go about it	2%
Other	12%
	100% (Total Sample)

The barrier most frequently cited related to the respondents' health problems.

The type of barriers identified by respondents differed somewhat by community of residence. The most prominent differences were found in relation to expense, distance, absence of companions and lack of transportation. Expense was predominantly reported in Toronto. Distance was most frequently cited in the rural areas; the absence of companions was reported most often in the urban areas. Transportation problems comprised a smaller proportion of the reported barriers in Toronto than in any of the remaining areas.

The demographic characteristics of the respondents, particularly age, income and marital status, discriminated among groups in terms of the type of barriers reported. A comparison of the older respondents to the younger respondents revealed that the older respondents were more likely to cite health, transporation, the absence of companions and being too old as barriers. Older respondents were less likely to report that other involvements and/or expense kept them from participating to the extent they desired.

The respondents with higher incomes had more of a tendency than the respondents with lower incomes to indicate that other involvements and expense were barriers to their participation. They were however, less likely to report transportation as an impediment to their participation.

Marital status was also a discriminating factor in relation to barriers to participation. Widowed respondents more frequently cited health and the absence of companions as barriers. Married respondents had a greater tendency to define other involvements and expense as reasons for not participating as much as they desired. Single persons frequently reported transportation to be a problem.

Participation as Volunteers and Interest in Volunteerism

The USCO study sought to systematically explore the interest of seniors in volunteer activities. Central to this examination was a delineation of the characteristics of the persons who are involved in volunteer work and/or who are interested in becoming involved. With the increasing interest in community-based services for seniors and the belief that seniors can play a significant role in helping each other, both their present role in the volunteer sector and their untapped potential for volunteering were considered worthy of exploration.

Over one-quarter of the respondents were involved in some sort of volunteer activity. The volunteers were most likely to reside in rural communities, to be between 62 to 74 years of age, to have higher monthly incomes and to be of Jewish or British origin.

It is noteworthy that sex was not a differentiating factor with respect to volunteer work. An equal proportion (27%) of both sexes participated in volunteer activities.

The findings of the USCO study revealed the existence of an untapped potential for volunteers. More than one-quarter (29%) of the respondents already involved in volunteer work indicated they would like to do more volunteer work; and an additional twenty-two percent voiced an interest in becoming volunteers.

The persons who wanted to become volunteers had differentiating characteristics from the respondents who did not indicate an interest in doing volunteer work. Those interested in becoming volunteers most likely resided in Toronto, to be between the ages of 62 to 74, to be divorced or separated, to have completed 9 to 12 years of education and to be of Jewish background.

The respondents who indicated either a desire for more involvement or initial volunteer participation, were asked to indicate the reasons for not doing the volunteer work they wanted to. The two most frequent reasons reported were health problems (34%) and being too busy (28%). Of significance was the finding that twelve percent said they were not sure how to go about getting involved in volunteer work.

The respondents were asked about the type of volunteer work they would be interested in doing for fellow seniors. More than one-half of the persons who reported interest in doing volunteer work stated that they were willing to make telephone calls and/or do shopping. Forty percent or more of those interested in volunteering said they would be willing to assist with banking, reading, writing letters, transportation and/or going to social activities. Close to one-third said they would help out with fixing things around the house and/or preparing food.

5. PROFILES OF SPECIFIC LIFE SITUATIONS OF ELDERLY PERSONS

In addition to the seven papers on specific topics of the elderly person's life in the community, six papers consist of profiles of particular groups of elderly persons in Ontario. Within these papers distinguishing characteristics of these groups are identified and discussed in terms of the major issues. The profiles include: the frail elderly, age differences, the single elderly, the childless, income group differences and rural-urban differences.

Age Differences

The elderly are often grouped together to include any person over the age of sixty-five. However, in the USCO study it was very apparent that age was a major discriminating factor in relation to demographic characteristics, health status, type of disabilities, receipt of assistance, sources of assistance, housing preferences and use of transportation.

Three age groups were considered in the analysis: 62-74, 75-84, 85+. Within the paper attention is given to comparing the three age groups. However, particular consideration is given to the respondents aged 85+.

The respondents aged 85+ made up the smallest proportion of the sample (7%)*. Sixty percent of the respondents were aged 62 to 74 and 33% were 75 to 84. Geographically, the respondents aged 85+ were more highly concentrated in the rural areas (30%) than in five urban communities.

The respondents in the 85+ group were characterized by the fact that they were more likely than the respondents in the other groups to be widowed, to fall into the lowest income category, to have fewer years of schooling, to be unemployed, to rent their housing, and to reside alone.

The respondents aged 85+ were in phone contact with family and were visited by family as frequently as the respondents in the other age groups. However, their visits to family and friends were less frequent. Their phone contact with friends was also less frequent.

In relation to recreational activities, the persons 85+ participated in the fewest activities. They were more likely than the respondents in the other age groups to indicate that health, transportation, absence of companions and feeling of being too old kept them from participating to the extent they desired in recreational activities.

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* The proportion within the sample (7%) closely resembled their proportion within the Ontario senior population as a whole.

The health status of the respondents 85+ (as measured by seven self-report measures) was the poorest of the three age groups. They were more likely to perceive their health as fair or poor (49%), report a deterioration in their health over a five year period (47%), report that their health interfered with their performance of day to day activities and have restricted mobility.

The respondents who were aged 85+ used the health care system to a greater extent than those in the other age groups. They made more visits to family doctors and had a greater likelihood of being hospitalized (25%). Once hospitalized, the respondents aged 85+ remained in the hospital for a longer period of time than those who were younger.

Table 4 shows the age differences in the ability to carry out nine ADLS.

For each of the nine ADLS assessed, the respondents aged 85+ were more likely to report difficulty with or an inability (disability) to carry out the activity. The persons 85+ were more likely than the respondents in other age groups to be in receipt of assistance with day to day activities. Seventy-nine percent received assistance with at least one activity. Thirty-nine percent had help with five or more activities.

The respondents in the 85+ age group received the largest proportion of help from family other than children and spouses. Although, only a minimal amount of all assistance came from community agencies, the most likely users of these agencies were the oldest respondents. Community agencies were used by 2% of the persons aged 62-74, 3% of the respondents 75 to 84 and 8% of persons in the 85+ age group.

The majority (62%) of respondents 85+ indicated that should a time come when they are unable to care for their own needs, they would be interested in staying home with the assistance of community services. They were more likely than the younger respondents to express an interest in moving in with family should this situation arise.

The respondents 85+ differed from the persons in other age groups in their use of transportation. They were more likely than the other respondents to walk or to be driven by relatives when going shopping, to medical appointments or to social activities. They were less likely than the younger respondents to drive themselves or to be driven by their spouses. No statistically significant differences were found across age groups in the number of respondents who reported problems getting to the activities.

The Frail Elderly

For the purpose of the USCO study frailty was defined in terms of the extent to which there is difficulty or an inability to personally carry out ADLS*. Respondents who reported difficulty with, or an inability (disability) to manage three or more of the nine ADLS assessed were considered to be frail.

Few efforts have been made to survey the frail elderly as this population is frequently difficult to locate and often hard to interview. A profile on this subgroup was considered necessary given the lack of available documentation. The meaningful characteristics of the frail elderly are indentified by comparing them with the respondents who reported no disabilities and the respondents who reported less than three disabilities.

Ten percent of the persons surveyed were frail. Geographically, the frail respondents were more highly concentrated in the city of Toronto (15%) than in the remaining seven communities. They were generally older than the other respondents comprising almost one-quarter (22%) of persons aged 85+. Frail respondents were more likely than the other respondents to be women, to be widowed, to be in the lowest income group, to live in apartments, to rent their housing, and to live with others.

The frail respondents did not differ significantly from the other respondents in their contacts with family members. However, compared to the other respondents they maintained less frequent contact with friends.

The frail respondents were more likely than the other respondents to perceive their health as poor (37%), to perceive a deterioration in their health over a five year period (78%), to report a greater number of both health conditions and interfering health conditions and to report impaired mobility.

The frail respondents used the health care system more frequently than the other respondents. They made greater use of both family physicians and specialists and had the greatest likelihood of all respondents of being hospitalized.

The frail respondents by definition expressed difficulty with performing many ADLS. The type of disabilities reported by respondents who were frail are shown on Table 5. The activities which posed the most difficulty for the frail respondents were bathing, shopping and heavy housework.

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* The nine ADLS were assessed with the use of the OARS Functional Ability Scale. The ADLS included in this scale were telephoning, shopping, preparing meals, doing heavy housework, handling money, dressing, taking care of one's own appearance and getting in and out of bed.

The frail respondents were more likely to be in receipt of assistance with day to day activities than the respondents in other groups (93%). Their most frequent source of assistance was children and they were the most likely of the three groups to use the assistance of community agencies. The frail respondents were the most likely of all respondents to request additional assistance with day to day activites. Their most prevalent requests were for assistance with light housework, heavy housework, yardwork and shopping.

In regard to housing preferences, the frail elderly expressed most interest in staying at home with community services to assist (66%) should they be unable to care for their own needs.

The frail respondents used transportation differently than the other respondents. They were generally driven by relatives to places they had to go. They had the greatest tendancy of all respondents to report transportation problems (22%). They were the least likely to use public transportation (34%) but were the most likely to use the assistance of other individuals if travelling by public transit.

Marital Status Differences

Little information is available on the living situation of older single (never-married) persons. The means by which they manage on a day to day basis is virtually unknown. In light of the fact that they do not have spouses and they are unlikely to have children, the older single persons lack the principal sources of support relied upon by the majority of elderly adults. Therefore, the single persons' living situation was considered worthy of serious consideration.

To place the experiences of the single respondents into appropriate context, their experiences are being compared to the experiences of two other groups: the respondents who are currently married and the respondents who are divorced/separated or widowed (hereinafter previously married).

The single respondents made up seven percent of the sample. Demographically, they were more heavily concentrated in the city of Toronto (10%) than in the remaining seven communities. They were primarily between the ages of 62 to 74 (63%); women (68%); renters (61%) of their residence rather than owners; as likely to live in apartments as houses, and most likely to live alone (61%).

The social contacts of single persons were distinguishable in that they had contact with the fewest family members and maintained the least frequent family contact. In relation to friends, the single respondents were unique in that they maintained the most frequent phone contact with friends.

The single respondents participated in the fewest recreational activities. Ninety-two percent indicated barriers which they reported kept them from participating to the extent they had desired. Health was the barrier cited most frequently, followed by being too busy, and expense. The single respondents were the most likely of the respondents to cite the absence of transporation as a barrier.

The single respondents did not differ from the other groups in a subjective rating of their health. Sixty-seven percent considered their health to be good or excellent. The majority (67%) indicated that their health remained the same over a five year period. The single respondents reported the fewest health conditions and the fewest interfering health conditions. The single respondents did not differ from other groups in their use of the health care system.

The majority of single respondents (73%) had no disabilities; nine percent had three or more. The single respondents who reported disabilities reported most difficulty with housework and shopping. The single respondents were more likely than the married or previously married respondents to report a disability with shopping.

The single respondents were the least likely to receive assistance with day to day activities (38%). When they did receive assistance it was most frequently in relation to yardwork, heavy housework and shopping.

The single respondents were most reliant on paid help (42%) and neighbours/friends (32%) for assistance. They relied on these two sources of assistance to a greater extent than the married or previously married respondents. When asked if they could use any additional assistance with 22 day to day activities, the single respondents voiced the fewest requests. The requests made were primarily for help with heavy housework.

In evaluating various housing options, the single respondents expressed most interest in moving into a supportive housing arrangement (77%) should they be unable to care for their own needs. Of the three groups, single persons showed the greatest interest in moving in with friends.

The single respondents differed from the other groups in their transportation use. They were the most likely to walk, to use public transportation and to use taxis. The single respondents were also the most likely to report transportation problems (14%).

The Childless

It is apparent that children play a significant role in the lives of older adults. However, there is little known about the living situations of older persons without children. This profile was created with a view to documenting the lives of the childless elderly and the special requirements these individuals have on a day to day basis. To place the circumstances of these respondents into context, the childless respondents are compared to the respondents with children.

Eighteen percent of the total sample were childless. The proportion of childless respondents varied across areas, with the highest proportion residing in Toronto (25%).

The childless respondents had several distinguishing demographic characteristics. They were more likely than the respondents with children to be women, to fall into the lowest income group, to reside in apartments, to rent their housing, and to live alone. They were less likely to be married.

In regards to social contacts, the childless respondents maintained fewer and less frequent contacts with family members than the respondents with children. Seven percent had no family contacts. The groups did not vary in their contacts with friends.

The health status of the childless respondents differed from the respondents with children. The childless respondents were less likely to report the interference of health in day to day activities. They also reported fewer health conditions and fewer interfering health conditions.

Despite the fact that the childless respondents appeared to have a somewhat better health status than their counterparts with children, the two groups did not differ significantly in their visits to family doctors or visits to specialists. The childless respondents were less likely to be hospitalized than the respondents with children. However, once hospitalized, the childless respondents remained in the hospital for longer periods of time.

The ability of the two groups to personally carry out nine ADLS was analyzed and compared. No significant differences were found between groups in either the number of respondents who reported difficulty with or an inability to carry out the activities or the disabilities reported.

Although the childless respondents were not less likely to report disabilities, they were less likely to receive help with day to day activities. Forty-one percent of the childless respondents received no assistance with day to day activities, compared to 51% of the respondents with children. No statistically significant differences were found between groups in the number of respondents who voiced requests for additional help.

The sources of assistance used by the two groups differed in a number of ways. It is noteworthy that, whereas the respondents with children received the largest proportion (32%) of assistance from their offspring, the childless respondents received the most substantial proportion (32%) of assistance from paid help. The childless respondents were also more likely to rely on the help of neighbours/friends.

Interest in various housing options varied between the childless respondents and the respondents with children. The childless respondents were more likely to express interest in moving in with friends, and less likely to report interest in staying at home with family/friends to assist.

In regard to transportation use, the childless generally drove themselves when going shopping, to medical appointments and social occasions. They were less likely than the respondents with children to be driven by family, but more likely to use public transportation, taxis and to be driven by friends.

Income Groups

The USCO findings were analysed to examine the distinguishing characteristics of persons at various income levels. The reason for this consideration was grounded in the assumption that income can be a significant contributing factor to both lifestyle characteristics and access to resources.

The respondents were asked to indicate their sources of income and their total monthly income combined with their spouse.

The respondents received income from a number of sources. The most frequently reported sources of income were Old Age Security, Canada Pension Plan and interest from savings and earnings from investments. Over one-third of the respondents received the federal income supplement, (GIS); less than one-fifth received the provincial income supplement (GAINS-A).

Upon an inspection of the distribution of incomes, four groups were created for analytical purposes: a) below $600* per month; b) $600-799 per month; c) $800-999 per month; d) $1,000+ per month. Twenty-seven percent of the seniors were in the lowest group, 15% were in the second group, 19% were in the third group, and 39% were in the highest group.

The findings of the USCO survey suggest significant differences across groups. It is noteworthy that the difference tended to follow a linear pattern. Lower incomes were associated with older respondents, women and the non-married respondents, particularly widows. The respondents with lower incomes also were less likely to be living in houses, to own their home or to live with others.

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* During July 1982, when the study was conducted the federal and provincial governments guaranteed the following total payments through the Old Age Security; Guaranteed Income Supplement and Gains-A programs: $529.29 for single seniors and $1,003.28 for married seniors.

As income increased, there was less likelihood of problems with transportation, receipt of assistance, and requests for additional assistance. An increase in income was associated with better health status, more social contacts and increased participation in recreational activities.

Rural-Urban Differences

Rural-Urban differences were given specific attention in the analysis of the USCO data. The reason for this examination was grounded in the assumption that the living situations of elderly persons may differ according to the size of the community in which they live. Elderly persons in Ontario reside in communities of various sizes and an understanding of the rural-urban differences was considered vital to the study.

The distinguishing characteristics of the rural elderly were identified by a comparison of the rural population as a whole to three urban populations. For purposes of the analysis the two smallest urban centres were combined (Penetanguishene, Brockville) and the two midsized urban centres were combined (Sault Ste. Marie, Windsor). The four units of comparison were rural (20%), small urban (18%), middle-sized urban (31%) and Toronto (31%).

The rural respondents had several distinguishing demographic characteristics. They were more likely than the urban respondents to be men, to be married, to have less than nine years of formal education, to live in houses, and to own their residence. They were the least likely to be in the highest income group. The ethnic composition in rural areas was the most homogenous with 79% of the respondents being of British origin.

In regard to social contacts the rural respondents were more likely than the urban respondents to have contact with children, and they maintained a greater number of family contacts than did the urban respondents.

Significant differences were found between the rural and urban communities in relation to participation in leisure activities. Rural respondents were more likely than urban respondents to be involved in gardening, going for drives and having family come to visit. The rural respondents were less likely to attend theatre.

The rural respondents were more likely than the respondents in small urban communities or the middle-sized urban communities to cite cost as a barrier to their involvement in recreational activities. Forty-five percent of the rural respondents reported that the fact that the activities were too expensive kept them from participating to the extent they desired. It is noteworthy that cost was cited as a barrier by an equal proportion of respondents in Toronto and the rural areas.

The examination of seven variables as a composite measure of health status did not reveal major differences between the rural and urban respondents. The only statistically significant differences pertained to the type of health conditions reported by the respondents. The rural respondents were the most likely of all respondents to report heart trouble and they were more likely than the persons in the largest urban centres to report heart attacks.

Although there were not major differences in health status between the rural and urban respondents, differences across communities were found in the use of the health care system. The rural respondents made more frequent visits to their family doctors; 37% had visited their family doctor ten or more times in the previous year. The rural respondents were the least likely to see medical specialists or to be hospitalized.

With respect to ADLS, the rural respondents were the least likely to report any disabilities. The disabilities most commonly reported by rural respondents were heavy housework and shopping.

There were no significant differences across communities in the amount of assistance received with day to day activities. However, the rural respondents were the least likely of all respondents to receive assistance with paying bills; and they were less likely than the middle-sized urban respondents and the Toronto respondents to receive assistance in going out in bad weather.

The rural respondents were the least likely to rely on family members for assistance, and more likely to rely on neighbours and friends. No statistically significant rural-urban differences were found in relation to the use of community services.

Less than one-fifth of the rural respondents reported requests for additional assistance. The proportion of rural respondents requesting additional assistance is the same as the proportion requesting assistance in the middle-size urban communities; and smaller than the proportion requesting assistance in either the small urban communities or Toronto. The activities with which the rural elderly most frequently requested assistance were yard work, heavy housework and house repairs.

Interest in various housing options did not differ significantly by community of residence. The largest pro- portion (73%) of rural respondents were interested in moving into supportive housing arrangements; followed by staying home with community services to assist (64%).

Rural-urban differences were apparent in the modes of transportation used to go to shopping, to medical appointments and to social activities. Rural respondents were more likely than urban respondents to either drive themselves or be driven by others to all three activities. The likelihood of a private vehicle being the principle mode of transportation decreased as community size increased. Rural respondents were also the most likely to walk to medical appointments and social activities. They were the least likely to use taxis or public transportation. Almost one-fifth (19%) of the rural respondents requested assistance with transportation. The most frequent request was for improvements of public transportation.

6. CONCLUSION

This overview paper provides a summary of the major findings of the USCO study. The discussion was divided between the life of the elderly in the community and profiles of specific life situations. The emphasis in this paper has been on a presentation of the trends relating to the major issues. A more complete discussion of the findings is found in the other papers in the USCO series.

The USCO survey revealed many significant findings. It is very apparent that the life circumstances of the elderly in Ontario vary a great deal. The elderly population cannot be grouped together and assumed to be experiencing life in a similar manner. Regardless of the issues being examined, age and health status appear to be the most critical influence on the elderly persons life. Increased life expectancy points to an increase in the elderly population and likewise an increase in the oldest portion of the elderly population (85+). Future planning for the Ontario population requires a recognition of the growth of the elderly population, as well as the diversity in the life situations of the elderly. The survey has pointed to a number of significant factors influencing the lives of older persons which require consideration in future planning endeavours.

APPENDIX 1

Tables

TABLE 1: THE ABILITY OF THE RESPONDENTS TO PERFORM
ACTIVITIES OF DAILY LIVING (ADLS)
(NUMBER AND PERCENTAGE)

ADLS

	Able to Perform		Disability*		Total**	
	(N)	%	(N)	%	(N)	%
Housework	(655)	78	(188)	22	(843)	100
Shopping	(713)	85	(130)	15	(843)	100
Bath	(774)	92	(72)	8	(846)	100
Meal Preparation	(778)	92	(64)	8	(842)	100
Use Telephone	(785)	93	(58)	7	(843)	100
Handle Money	(788)	93	(56)	7	(844)	100
Dress	(832)	98	(14)	2	(846)	100
Take Care of Appearance	(832)	98	(14)	2	(846)	100
Get in and out of Bed	(833)	99	(13)	1	(846)	100

* Defined as difficulty in carrying out the activity or the
  inability to do the activity

** 15 missing observations

TABLE 2: TYPE OF TRANSPORTATION PROBLEMS EXPRESSED
BY RESPONDENTS WITH RESPECT TO GOING SHOPPING,
GOING TO MEDICAL APPOINTMENTS AND
GOING TO SOCIAL OCCASIONS
(NUMBER AND PERCENTAGE[1])

Problems With Transportation Related to:

	Shopping (N) % (n = 845)		Medical Appointments (N) % (n = 845)		Social Activities (N) % (n = 845)	
Public Transportation Inconvenience	(7)	15	(4)	10	(4)	12
Transportation Expensive	(3)	6	(3)	8	(1)	3
Unable to Use Public Transportation	(4)	8	(3)	8	–	–
No Public Transportation	(3)	6	(2)	5	(4)	12
No Person to Ask	(26)	53	(23)	59	(20)	61
Dislikes Depending on Others	(6)	12	(4)	10	(4)	12
Total*	(49)	100	(39)	100	(33)*	100

* 1 missing observation

1 Each percentage is calculated on the basis of the
relevant N.

Table 3: <u>NUMBER AND PERCENTAGE[1] OF RESPONDENTS</u>
<u>BY THEIR LEISURE INVOLVEMENTS</u>
(n = 846)

<u>Activity</u>	(N)*	(%)
Visits from Family	(775)	93
Phone Family	(757)	91
Go Visit Family	(737)	88
Visits from Friends	(733)	87
Reading	(736)	87
Phone Friends	(687)	82
Take Walks	(671)	79
Go Visit Friends	(664)	79
Go for Drives	(630)	75
Church/Synagogue	(567)	67
Table Games	(543)	65
Travel	(530)	63
Entertain	(510)	61
Garden	(479)	57
Handicraft/Artistic Hobbies	(412)	49
Clubs	(328)	39
Theatre	(293)	35
Volunteer Work	(228)	27
Go to Sports Events	(205)	25
Sports	(154)	18
Help at Election Time	(92)	11

* 152 Missing observations

1 Each percentage is calculated on the basis of the
relevant N.

TABLE 4: AGE GROUP OF RESPONDENTS BY
THE TYPE OF DISABILITIES* REPORTED
(NUMBER AND PERCENTAGE[1])
(n = 846)

	Age Group					
	62-74		75-84		85+	
	(N)	%	(N)	%	(N)	%
Use Telephone	(19)	4	(28)	10	(11)	17
Shopping	(45)	9	(57)	21	(27)	44
Prepare Meals	(20)	4	(33)	12	(10)	16
Heavy Housework	(82)	16	(71)	26	(34)	54
Handle Money	(19)	4	(24)	9	(13)	21
Dress	(3)	1	(7)	3	(4)	6
Take Care of Appearance	(2)	1	(8)	3	(4)	6
Get In and Out of Bed	(2)	1	(7)	3	(4)	6
Bath	(18)	4	(35)	13	(19)	30

* Disability is here defined as difficulty in carrying out
   this activity or the inability to do the activity.

1 Each percentage is calculated on the basis of the
   relevant N.

TABLE 5: TYPE OF DISABILITIES* REPORTED BY
RESPONDENTS WHO WERE FRAIL
(NUMBER AND PERCENTAGE[1])
(N = 846)

Disability	Frail Respondents**	
	(N)	%
Heavy Housework	(78)	93
Shopping	(77)	92
Bath	(57)	67
Prepare Meals	(50)	60
Handle Money	(45)	53
Use Telephone	(32)	38
Dress	(14)	16
Take Care of Appearance	(14)	16
Get In and Out of Bed	(13)	15

*   Disability is here defined as the requirement for assistance
in carrying out the activity or the inability to do the
activity.

**   Frail Respondents are defined as the person who indicated a
disability in relation to three or more of the nine ADLS.

1   Each percentage is calculated on the basis of the
relevant N.

APPENDIX 2

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.

2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.

3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.

4. Elderly Residents in Ontario: Their Use of Transportation.

5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.

6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.

7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.

9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.

10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.

11. Elderly Residents in Ontario: Difference by Marital Status with Particular Focus on those who are Single.

12. <u>Elderly Residents in Ontario: Income Group Differences</u>.

13. <u>Elderly Residents in Ontario: Rural-Urban Differences</u>.

 The series also includes:

14. <u>Elderly Residents in Ontario: Study Methodology</u>: a paper
    outlining the background of the study and the research
    methods employed.

15. <u>Elderly Residents in Ontario: An Overview</u>: a paper
    summarizing the findings and content of the other fourteen
    papers in the series.

The intention is that each of the fifteen papers in the series
can be studied on its own but, also that the complete series
will offer continuity and comprehensive information in an
accessible form.

Additional copies of this report, and others in the series,
are available in person from the Ontario Government Bookstore,
880 Bay Street, Toronto, Ontario;

or, by mail through contacting:

    Publications Services
    5th Floor, 880 Bay Street
    Toronto, Ontario
    M7A 1N8

In Ontario call toll free 1-800-268-7540; or, from area code
807 ask the Operator for Zenith 6-7200.

APPENDIX 3

GLOSSARY

<u>Chi Square</u>:	a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occuring by chance.
<u>Cleaning</u>:	a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).
<u>Coding</u>:	a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.
<u>Community Agency/ Service</u>:	all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.
<u>Cross Tabulations</u>:	a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.
<u>Data</u>:	the information gathered in the study. In this project it consists of information gathered from the 846 interviews.
<u>Dependent Variable</u>:	the outcome or determined condition in a relationship between two or more variables.
<u>Disability</u>:	the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)
<u>Frail</u>:	reports of three or more disabilities was the basis for defining a person as frail.

Frequencies: descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.

Friendly Visiting: a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.

G.I.S.: Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.

GAINS-A: Ontario provincial income supplement for senior citizens.

Health Care System: family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.

Home Care: a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.

Independent Variables: the determining condition in a relationship of two or more variables.

Institutional Settings: nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.

Instrument: the tool used to gather data; in this case the tool was an interview schedule.

Interfering Health Conditions: health conditions identified by a physician which the respondents consider to interfere with their day to day activities.

Interview Schedule: the questionnaire used by the interviewer to ask questions and record information.

Leisure Activity: an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.

Mean $(\bar{X})$:   the sum of all the observations divided by the number of observations.

Missing
Observations: instances in which the information is not available for a particular question.

Multiple Response: a procedure done on the computer with the use of SPSS whereby an analysis can be done of questions to which the respondents might legitimately make more than one reply.

OARS ADL Scale: specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).

Old Age Security
Data Base: a complete listing of all persons who receive the Old Age Security Pension and the Spouse's Allowance.

Paid Help: distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.

Personal Care
Activities: activities such as bathing, dressing and getting in and out of bed.

Pretest: the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously Married:	individuals who were married but are not presently married due to being widowed, divorced or separated.
Random Sample:	a process for sample selection in which every element in the population is given an equal chance of being picked.
Represenativeness:	the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.
S.D.:	a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.
SPSS:	Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.
Sample:	part of the population at large, selected for study.
Sample Frame:	the base from which a sample is drawn, i.e., list of names.
Significant Differences:	determined through a statistical procedure to establish that the relationship between variables did not occur by chance.
Single:	persons who have never been married or are not living common-law.
Social Contacts:	visits with friends and family or in person.
Socio-Economic:	characteristics frequently used to measure social status such as educational level or income.
Stratified Sample:	a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

**Supportive Housing
Arrangements:**   a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau: Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable: refers to a particular characteristic of the sample being considered.

Volunteer: a person who gives his/her time to a particular cause or organization without pay.

UNITED SENIOR CITIZENS
OF ONTARIO

MINISTER FOR
SENIOR CITIZENS AFFAIRS
SENIORS SECRETARIAT

Ontario

Community Services

ELDERLY RESIDENTS IN ONTARIO

ELDERLY RESIDENTS IN ONTARIO:

THEIR POTENTIAL AND ACTUAL USE OF COMMUNITY SERVICES

Minister for Senior Citizens Affairs
Seniors Secretariat
September, 1985

ACKNOWLEDGEMENTS

SUMMARY

The focus of this paper is on the potential and actual use of
community services by the 846 persons interviewed for the USCO
survey. Potential use was assessed by asking the respondents
to indicate the persons/agencies they would contact for
assistance should certain situations arise. The situations
varied from requirements for assistance with transportation,
depression, bathing, shopping, personal care, money to dealing
with the Old Age Security Agency. The actual use was measured
by the respondents' receipt of assistance with 22 activities
and their use of five specific community services.

In the assessment of potential use, the sources of assistance
cited most frequently were the respondents' children (31%)
followed by spouses. The third and fourth most frequently
reported sources of assistance were community services (10%)
and neighbours/friends (10%).

The respondents reported that they would most frequently call
upon community services if they required assistance with
bathing (28%), if they had trouble wiht their Old Age Security
Cheque and needed help dealing with the agency, or if they
become seriously ill with the flu for a week and needed
someone to help take care of them at home (11%).

In total, 44% (n=370) of the respondents said they would call
upon community services for assistance with at least one of
the seven activities presented. The respondents who indicated
the greatest likelihood of seeking community services were
single (68%) or divorced/separated (64%). Married respondents
(37%) were the least likely to indicate an interest in
contacting community services if faced with any of the
circumstances outlined.

Although 44% of the respondents said they would look to
community services for assistance, only five percent of the
respondents claimed to receive assistance from community
services with day to day activities. The respondents in Sault
Ste. Marie/Windsor (9%) were more likely than the respondents
in any of the remaining areas to report using the services.
Respondents in the rural areas were the least frequent users
of the services.

The respondents who used community services for assistance
with day to day activities were distinguished from those who
did not by their age and number of interfering health
conditions. As the respondents increased in age, they were
more likely to use the services. As well, the respondents who
had a greater number of interfering health conditions were
more likely to use community services than the respondents
reporting fewer interfering conditions. Community services
were used most frequently for activities of personal care
including bathing (26%), taking medication (11%), and cutting
toenails (9%). Community services were least frequently used
for activities outside of the home like shopping and banking.

Despite the fact that only five percent of the respondents who received assistance with day to day activities claimed to have had the help of community services, ten percent of the respondents said they received the assistance of Visiting Nurses, Visiting or Red Cross Homemakers, Home Care, Meals on Wheels or Friendly Visiting when asked about these services directly. Users of these services were most likely to reside in the rural areas (8%) and Toronto (17%). Use of these services was greater among the oldest respondents (85+). Divorced/separated and widowed respondents, respondents with a greater number of interfering health conditions and the respondents who lived alone were the most frequent users of the services.

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario survey [1]. The principal objective of the survey was to systematically examine the living situation of persons 62 years of age and older who reside in the community and outside of institutional settings. In this survey a scientific random sample of 846 persons was interviewed from eight areas across the Province. The areas included five urban centres: Brockville, Penetanguishene, Sault Ste. Marie, Toronto and Windsor, and three rural communities: Athens, Bruce Mines and Cookstown.

The purpose of this paper is to examine the use of community services by the 846 respondents. The paper focuses on the potential as well as the actual use of these services for assistance with day to day activities. The type of activities for which community services are used or desired, the difference in use between urban and rural areas and the characteristics of the respondents who used the services are the topics being considered.

Community services are being defined for purposes of this paper as all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for the services rendered.

In Ontario, a large number and variety of services are targeted at assisting older persons in the community. Despite the existence of the programs, the willingness of older persons to use the services and the actual use of the services, particularly by those with established need is not well documented.

This study has sought to systematically examine the type of assistance older community residents receive with day to day activities and the providers of the assistance. The type, and providers of assistance have been discussed in the paper entitled Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Assistance Requirements. In this paper attention will be given to the use of community services relative to any occasional or regular assistance received.

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[1] Refer to the Appendix for a list of other papers in this series.

2. THE POTENTIAL USE OF COMMUNITY SERVICES

Information was gathered on the potential use of community
services by the respondents. To assess potential use, the
respondents were asked through a series of seven questions
about   the   persons/agencies   they   would   contact   for
assistance should certain situations arise. The situations
varied   from   requirements   for   assistance   with
transportation,   depression,   bathing,   shopping,   personal
care, money to dealing with the Old Age Security Agency.

In the seven situations posed, the sources cited most
frequently   for   the   provision   of   assistance   were   the
respondents' children (31%) followed by their spouse (21%).
The third and fourth most frequently cited sources of
assistance   were   community   services   (10%)   and
neighbours/friends (10%). Of significance is the finding
that in one out of ten situations community services would
be called upon if help was needed.

The   priorities   given   to   community   services   varied
considerably by activity. Tables 1 to 7 show the number of
respondents who stated that they would call on community
services within selected situations.   The respondents
indicated that they would most frequently call on community
services if they required assistance with bathing (28%,
n=235), if they had trouble with their Old Age Security
Cheque and needed help dealing with the agency (22%, n=182)
or if they became seriously ill with the flu for a week and
needed someone to help take care of them at home (11%,
n=94).   In each of these situations a larger proportion of
respondents said they would seek the assistance of spouses
or children.

A very small proportion of the respondents (less than five
percent) said they would contact community services if they
needed transportation to a doctor's office or clinic, if
they needed money to cover a large bill, if they were
upset, nervous or depressed and needed help, or if it was
snowing and they needed assistance to get to a grocery
store.   In each of these situations a larger proportion of
respondents said they would ask for the assistance of their
spouse, their neighbours/friends or children.

The frequency with which community services were cited was
examined across geographical areas.   Tables 8 through 14
reveal major differences across areas in relation to two
situations: help in dealing with the Old Age Security
agency and help in getting to a doctor's office or clinic.
With respect to dealing with the Old Age Security agency,
the percentage of respondents who said they would seek the
assistance of community services ranged from a low of seven
percent (n=19) in Toronto to a high of 22%, (n=58) in Sault
Ste. Marie/Windsor.

In relation to getting to a doctor's office or clinic, the respondents in the rural areas (1%, n=2) were least likely to ask for the assistance of community services and the respondents in Toronto (8%, n=20) were the most likely to seek community services.

An examination of the respondents' reactions to the seven situations posed revealed that 44% (n=370) said they would call on community services for assistance with at least one activity. Twenty-eight percent (n=232) said they would seek community services for one activity; twelve percent (n=99) stated they would call upon community services for two activities and five percent (n=39) said they would use community services for assistance with three to seven of the activities.

The persons who stated they would contact community services were compared with those who made no mention of contacting community services. They were compared by age, sex, years of formal education, ethnic background, number of interfering health conditions, marital status, number of children and income. The only significant discriminating factor was marital status. Table 15 illustrates that the respondents most likely to seek the assistance of community services were single (68%, n=41) or divorced/separated (64%, n=21). Married respondents (37%, n=173) were the least likely to say they would call on community services if faced with the situations presented.

3. THE ACTUAL USE OF COMMUNITY SERVICES

The respondents' actual use of community services was measured through two sets of questions. In the first set of questions the respondents were asked to indicate their receipt of assistance with 22 day to day activities over a one year period. If assistance was received, the respondents were asked to specify the assistance providers. The second set of questions was geared to determining whether five specific community services had been used over a twelve month period.

With respect to the first set of questions, the findings revealed that the respondents received three percent of all assistance with day to day assistance from community services. Community services were used by three percent (n=21) of the total number of respondents and five percent (n=21) of those who received assistance.

Significant differences across areas were found with respect to the number of respondents who used community services for help with day to day activities. The following chart shows the use of community services by area.

Use of Community Services by Area

	(N)	%
Cookstown, Athens, Bruce Mines (The Rural Areas)	(1)	1
Penetanguishene/Brockville	(4)	5
Sault Ste. Marie/Windsor	(11)	9
Toronto	(5)	4

As shown, the respondents least likely to use community services resided in the rural areas and those most likely to use community services resided in Sault Ste. Marie/Windsor.

The number of persons who used community services is too small to do a detailed analysis of their characteristics. At best, a profile can be provided. Close to one-quarter (24%, n=5) of the respondents who used these services were aged 85 and over. Thirty-eight percent (n=8) were 62 to 74 and an equal proportion were aged 75 to 84. Sixty-two percent (n=13) of the users were female; 38%, (n=8) were male. The majority (63%, n=12) had attended school for less than nine years. Just under one-third (32%, n=6) had nine to twelve years of formal education and five percent (n=1) had thirteen or more years. One-half (n=10) of those who used community services were British; twenty percent (n=4) were from other European backgrounds. Widowed respondents (53%, n=10) used community services most frequently. One-third (n=7) of the users had six or more interfering health conditions; 28% (n=6) had four to five interfering conditions; nineteen percent (n=4) had two to three interfering conditions; nine (n=2) percent had one interfering condition and an additional nine percent (n=2) had no interfering conditions.

The users of community services were compared with the non-users by age, sex, number of interfering health conditions, years of formal education, ethnic background, marital status and monthly income, number of living mates, and number of children. The significant discriminating factors was age.

An increase in the respondents' age was found to accompany an increase in the use of community services. Table 16 shows that two percent (n=8) of the respondents aged 62 to 74 used community services compared to eight percent (n=5) of those aged 85+. It is noteworthy that the most significant increase in use occurred after the respondents reached the age of 84.

The type of assistance for which community services were sought varied considerably by activity. Table 17 shows that community services were most frequently used for activities of personal care including bathing (26%, n=6), and taking medication (9%, n=7). Eight percent (n=8) of the assistance with light housework was provided by community services. Community services were least often used for activities outside of the home such as yardwork, shopping, going out of doors, banking, paying bills and financial assistance.

The use of specific community services was obtained through the second set of questions. The respondents were asked to indicate their use over a twelve month period of Visting Nurses (public health or VON); Visiting or Red Cross Homemakers, Home Care, Meals on Wheels or a Friendly Visiting Service. When asked about the use of these specific services the number of respondents who reported using these services far exceeded the number of respondents who claimed to use community services for assistance with day to activities. The number and percentage of respondents who used these specific services are listed below:

	(N)	%
Visiting Nurses	(66)	8
Visiting Or Red Cross Homemakers	(33)	4
Home Care	(15)	2
Meals on Wheels	(11)	1
Friendly Visiting	(6)	1

Ten percent (n=84) of the respondents used at least one of these services; six percent (n=54) used one service; two percent (n=16) used two services; one percent (n=12) used three services and one percent (n=2) used four or more services. The use of these services varied considerably across geographical areas. As shown below, the respondents in Toronto least frequently used the services and those in Sault Ste. Marie/Windsor used them most often.

NUMBER AND PERCENTAGE OF RESPONDENTS WHO USED THE SERVICES
OF VISITING NURSES, VISITING OR RED CROSS HOMEMAKERS, HOME
CARE, MEALS ON WHEELS, FRIENDLY VISITING:

	(N)	%
Penetanguishene/Brockville	(17)	12
Cookstown/Athens/Bruce Mines	(13)	8
Sault Ste. Marie/Windsor	(35)	13
Toronto	(19)	7

A profile of the service users reveals that the majority
(65%, n=54) were women and most (52%, n=43) were between
the ages of 62 and 74. Almost one-fifth (19%, n=16) were
aged 85 and over. The users of these services were
primarily widowed (52%, n=44). One-third (n=28) were
married; six percent (n=5) were single and six percent
(n=5) were divorced/separated.

The largest proportion (48%, n=40) of these community
service users were British; sixteen percent (n=13) were
French; eleven percent (n=9) were other Europeans; eight
percent (n=7) were Canadians and seven percent (n=6) were
Jewish.

Fifty-three percent (n=34) of the users had monthly incomes
between $400-599. Over one-third (n=28) had monthly
incomes which fell between $600 and 799; fifteen percent
(n=12) had monthly incomes exceeding $999.

The persons who received the services had a mean of four
interfering health conditions. Seventy-four percent
(n=67) of the persons in this group reported two or more
interfering conditions.

The persons who used the services of Visiting nurses,
Visiting homemakers, Meals on Wheels, Home Care and
Friendly Visiting were compared to those who did not use
the services. Differences in age, marital status, number
of interfering health conditions, and number of living
mates were found between these groups. No differences in
the use of services were found between the respondents who
had children and those who did not.

Table 18 shows that as the age of the respondents increased
they were more likely to use these services. Fully 25%
(n=16) of the respondents aged 85+ used the services
compared to five percent of the respondents under the age
of 75.

The persons who were divorced/separated or widowed used the
services more frequently than the single or married
respondents. Table 19 illustrates that sixteen percent
(n=44) of the widowed respondents and fifteen percent (n=5)
of the divorced/separated respondents used the services
compared to six percent (n=28) of the married respondents
and eight percent (n=5) of the single respondents.

Use of the services was greater among persons who had a larger number of interfering health conditions. Over one-quarter (26%) of the respondents with six or more interfering conditions used the services compared to three percent (n=7) of the respondents with no interfering conditions. (See Table 20).

The respondent who lived alone were over twice as likely to use community services as the respondents who lived with others. Table 21 illustrates that those who used community services comprised seventeen percent (n=42) of the respondents who lived alone compared to seven percent (n=42) of those who lived with others.

4. SUGGESTIONS FOR SERVICES

An attempt was made to solicit information on the type of services the respondents felt were needed in their community. The question was posed as such:

"To Assist Us In Planning, What Services Would You Like to Have Available To Help You At Home Or Do You Feel Would Be Helpful To Other Senior Citizens In The Community."

Table 22 provides the responses to this question. Forty percent (n=258) of the respondents did not have any suggestions. Seven percent (n=45) said improved transportation services were needed in their area and an additional seven percent (n=46) stated the requirement for services geared to home or yard maintenance. Six percent (n=36) reported the need for homemaker/housekeeper services.

Some differences were found among areas in the suggestions made. It must be noted that the largest proportion of respondents in each community did not have any suggestions. Consequently, the number of persons who suggested specific services is relatively small. Table 23 illustrates that in the rural communities, the suggestions voiced most frequently were improved transportation (13%, n=14), followed by homemaker/housekeeping (7%, n=7) and home/yard maintenance services (6%, n=6). In Penetanguishene/Brockville the proportion of respondents who indicated the need for improved transportation was less than half the proportion in the rural areas. Table 24 shows that home/yard maintenance services were requested by the largest number of respondents (7%, n=8).

In Sault Ste. Marie/Windsor, the service suggested most frequently was improved transportation (6%, n=13) Table 25 shows that a minimum of five percent of the respondents stated the need for home/yard maintenance services (6%, n=12) and homemaker/housekeeping services (5%, n=11).

In Toronto, the service requested by the largest number of respondents was home/yard maintenance (10%, n=20) followed by shopping services (8%, n=16). Table 26 illustrates that similar to the suggestions made in the other areas, in Toronto, homemaker/housekeeping services (6%, n=12) and improved transportation (5%, n=11) were seen as necessary by over four percent of the respondents.

5. **CONCLUSION**

This paper focused on the potential and actual use of community services by the 846 older respondents interviewed for the USCO survey. The findings revealed a number of discrepancies between potential and actual use.

When presented with seven hypothetical situations in which some type of assistance would be required, 44 percent of the respondents said they would turn to community services in at least one instance.

When the respondents were asked about their receipt of assistance with 22 activities including activities in the home like light house work, activities outside of the home like shopping and personal care activities like bathing, five percent of the respondents who received assistance claimed to have used community services. Community services were used most often by those requiring assistance with bathing (26%) and/or light housekeeping (8%).

Although five percent of the respondents who received assistance with day to day activities reported help from community services, ten percent of the respondents said they received the assistance of Visiting Nurses, Visiting or Red Cross Homemakers, Meals on Wheels, Home Care or Friendly Visiting, when asked about these services directly.

The paper has examined correlates of service utilization. A number of demographic characteristics discriminated among groups. Caution must be advised, however, in interpreting the results in light of the small number of respondents who used the services.

Differences in the utilization of services were found across areas. The most frequent use was in Sault Ste. Marie/Windsor and the least frequent use was found in the rural areas and Toronto. To fully comprehend the relationship between geopraphical area and service use, these findings should be juxtaposed against the availability of services in each area.

Service use in this study was found to be associated with age, marital status, number of interfering health conditions and number of living mates. Interestingly, number of children was not an important predictor of service utilization, even though children provide the bulk of assistance for older persons. As well, no significant differences in service use were found when differences in number of years of formal education, sex, number of children, ethnic background or monthly income were measured.

Three to ten percent of the respondents in the total sample used community services. To more fully understand the implication of this use, information is required on the availability of services in each community and the awareness of the available services. In other studies that have been conducted on service use, the findings indicate that older persons use services selectively (Silverstein, 1984). The level of need does not dictate level of service utilization. Silverstein points out that persons with the same requirements do not necessarily seek or receive the same services.

In this study it was found that the persons most likely to use community services could be distinguished, in part, by some demographic characteristics. Silverstein maintains that a very significant factor determining service use is the information the older persons have of the services available. She claims that the information available to older persons about specific services is seldom examined. With the recognition that knowledge is a critical determinant of utilization (Lind, 1978), Silverstein studied the role of the information process in the use of services. She found that the information process acts as a significant intervening variable between the older persons and service use. As well, she discovered that the informal network is as effective as the media in the delivery of information on services and far more effective than information issued by the services themselves. The informal network, she suggested, can be a viable means for tapping into the formal network. Krout (1983) in another study argued that "...the degree of interaction with informal supports may indeed be significantly related to community service usage (p. 10)".

This study has provided us with data on the demographic factors associated with both potential and actual service use. This data allows us to better understand who uses the services and for what activities. Where services are not used, the lack of need cannot automatically be assumed. The determinants of service use are complex, non-use does not necessarily mean the absence of awareness.

This study has helped to fill an important gap in the literature on service utilization in Ontario. Systematic documentation is still required on the availabilty of services by community and the information persons have of the services. The information gathered in this study coupled with data on availabiltiy and awareness is needed to equip planners and service providers with information necessary to design, develop and operate programs that meet the requirements of selected target populations and to make the most effective use of limited resources.

TABLE 1: <u>NUMBER AND PERCENTAGE OF RESPONDENTS</u>
<u>BY THE PERSON/AGENCY THEY WOULD SEEK</u>
<u>IF THEY HAD AN ACCIDENT AND NEEDED</u>
<u>SOMEONE TO BATHE THEM EVERY DAY</u>

PERSON/AGENCY THEY WOULD SEEK FOR ASSISTANCE	(N)	%
Spouse	(256)	30
COMMUNITY SERVICES	(235)	28
Child	(160)	19
Neighbour/Friend	(54)	6
Don't Know	(40)	5
Other Relative	(44)	5
Brother/Sister	(27)	3
Other	(19)	2
No One	(5)	1
Hired Help	(3)	1
Total*	(843)	100

*3 Missing Observations

TABLE 2:   NUMBER AND PERCENTAGE OF RESPONDENTS
                  BY THE PERSON/AGENCY THEY WOULD SEEK
                  IF THEY HAD A PROBLEM WITH THE OLD AGE
                  SECURITY CHEQUE AND FELT THEY NEEDED
                  HELP DEALING WITH THE AGENCY

PERSON/AGENCY THEY WOULD SEEK FOR ASSISTANCE	(N)	%
Child	(226)	27
COMMUNITY SERVICES	(182)	22
Contact Agency Itself	(96)	11
Spouse	(77)	9
Other Family	(56)	7
Don't Know	(54)	6
Paid Help	(52)	6
Politician	(39)	5
Neighbour/Friend	(34)	4
Other	(27)	3
Total*	(843)	100

*3 Missing Observations.

TABLE 3: <u>NUMBER AND PERCENTAGE OF RESPONDENTS</u>
<u>BY THE PERSON/AGENCY THEY WOULD SEEK</u>
<u>IF THEY BECAME SERIOUSLY ILL WITH THE</u>
<u>FLU FOR A WEEK AND NEEDED SOMEONE TO</u>
<u>HELP TAKE CARE OF THEM AT HOME</u>

PERSON/AGENCY THEY WOULD SEEK FOR ASSISTANCE	(N)	%
Spouse	(334)	40
Child	(202)	24
COMMUNITY SERVICES	(94)	11
Other Family	(85)	10
Neighbour/Friend	(72)	9
Other	(57)	6
Total*	(844)	100

*2 Missing Observations

TABLE 4:   NUMBER AND PERCENTAGE OF RESPONDENTS
             BY THE PERSON/AGENCY THEY WOULD SEEK
             IF THEY NEEDED HELP TO GET TO A
             DOCTOR'S OFFICE OR CLINIC

PERSON/AGENCY THEY WOULD SEEK FOR ASSISTANCE	(N)	%
Child	(271)	32
Neighbour/Friend	(170)	20
Spouse	(157)	19
Taxi	(91)	11
Other Relative	(40)	5
Other	(47)	5
COMMUNITY SERVICES	(38)	4
Brother/Sister	(31)	4
Total*	(845)	100

*1 Missing Observation

TABLE 5: NUMBER AND PERCENTAGE OF RESPONDENTS
BY THE PERSON/AGENCY THEY WOULD SEEK
IF THEY DID NOT HAVE ENOUGH MONEY TO
COVER A LARGE BILL AND NEEDED HELP

PERSON/AGENCY THEY WOULD SEEK FOR ASSISTANCE	(N)	%
Child	(358)	43
Bank	(88)	11
Don't Know	(82)	10
Spouse	(75)	9
Brother/Sister	(65)	8
Other	(52)	5
Neighbour/Friend	(31)	4
COMMUNITY SERVICES	(31)	4
No One	(33)	4
Other Family	(16)	2
Total*	(831)	100

*15 Missing Observations

TABLE 6:   NUMBER AND PERCENTAGE OF RESPONDENTS
BY THE PERSON/AGENCY THEY WOULD SEEK
IF THEY WERE UPSET, NERVOUS, OR
DEPRESSED AND NEEDED SOME HELP

PERSON/AGENCY THEY WOULD SEEK FOR ASSISTANCE	(N)	%
Child	(284)	34
Spouse	(220)	26
Neighbour/Friend	(86)	10
Other Family	(79)	9
Brother/Sister	(51)	6
Physician	(43)	5
No One	(22)	3
Don't Know	(26)	3
Church	(18)	2
COMMUNITY SERVICES	(11)	1
Other	(5)	1
Total*	(845)	100

*1 Missing Observation

TABLE 7:   NUMBER AND PERCENTAGE OF RESPONDENTS
             BY THE PERSON/AGENCY THEY WOULD SEEK
             IF THEY RAN OUT OF FOOD, IT WAS SNOWING
             AND THEY NEEDED HELP TO GET TO THE
             GROCERY STORE

PERSON/AGENCY THEY WOULD SEEK FOR ASSISTANCE	(N)	%
Child	(293)	35
Neighbour/Friend	(255)	30
Spouse	(102)	12
Other Family	(71)	8
Store Delivery Person	(38)	5
Brother/Sister	(21)	3
Don't Know	(13)	2
COMMUNITY SERVICES	(11)	1
Taxi	(11)	1
No One	(10)	1
Other	(8)	1
Police	(7)	1
Total*	(840)	100

*6 Missing Observations

TABLE 8:   NUMBER AND PERCENTAGE OF RESPONDENTS BY
WHETHER THEY WOULD SEEK COMMUNITY SERVICES
IF THEY HAD AN ACCIDENT AND NEEDED SOMEONE
TO BATHE THEM EVERY DAY BY AREA

SERVICES TO BE SOUGHT	PENETANG/BROCKVILLE		S.S.MARIE/WINDSOR		TORONTO		COOKS./ATH./BRUCE MINES	
	(N)	%	(N)	%	(N)	%	(N)	%
COMMUNITY SERVICES	(37)	25	(74)	28	(71)	27	(41)	25
Other	(111)	75	(190)	72	(193)	73	(126)	75
Total	(148)	100	(264)*	100	(264)*100		(167)*100	

*1 Missing
 Observation

*1 Missing
 Observation

*1 Missing
 Observation

TABLE 9: NUMBER AND PERCENTAGE OF RESPONDENTS BY WHETHER THEY WOULD SEEK COMMUNITY
SERVICES IF THEY HAD A PROBLEM WITH THE OLD AGE SECURITY CHEQUE AND FELT
THEY NEEDED HELP DEALING WITH THE AGENCY BY AREA

SERVICES TO TO BE SOUGHT	PENETANG/BROCKVILLE (N)	%	S.S. MARIE/WINDSOR (N)	%	TORONTO (N)	%	COOKS./ATH./ BRUCE MINES (N)	%
COMMUNITY SERVICES	(21)	14	(58)	22	(19)	7	(33)	20
OTHER	(127)	82	(206)	78	(244)	93	(135)	80
TOTAL	(148)	100	(264)*	100	(263) *100		(168)	100

*1 Missing Observation

*2 Missing Observations

TABLE 10: NUMBER AND PERCENTAGE OF RESPONDENTS BY WHETHER THEY WOULD SEEK COMMUNITY SERVICES IF THEY BECAME SERIOUSLY ILL WITH THE FLU FOR A WEEK AND NEEDED SOMEONE TO HELP TAKE CARE OF THEM AT HOME BY AREA

SERVICES TO BE SOUGHT	PENETANG/BROCKVILLE		S.S. MARIE/WINDSOR		TORONTO		COOKS./ATH./BRUCE MINES	
	(N)	%	(N)	%	(N)	%	(N)	%
COMMUNITY SERVICES	(18)	12	(31)	12	(30)	11	(15)	9
Other	(130)	88	(233)	88	(234)	89	(153)	91
Total	(148)	100	(264)*	100	(264)*	100	(168)	100

*1 Missing Observation   *1 Missing Observation

TABLE 11: NUMBER AND PERCENTAGE OF RESPONDENTS BY WHETHER THEY WOULD SEEK COMMUNITY SERVICES IF THEY NEEDED HELP TO GET TO A DOCTOR'S OFFICE OR CLINIC BY AREA

SERVICES TO BE SOUGHT	PENETANG/BROCKVILLE		S. S. MARIE/WINDSOR		TORONTO		COOKS./ATH./BRUCE MINES	
	(N)	%	(N)	%	(N)	%	(N)	%
COMMUNITY SERVICES	(6)	4	(10)	4	(20)	8	(2)	1
Other	(142)	96	(255)	96	(244)	92	(166)	99
Total	(148)	100	(265)	100	(264) *	100	(168)	100

*1 Missing Observation

TABLE 12:

NUMBER AND PERCENTAGE OF RESPONDENTS
BY WHETHER THEY WOULD SEEK COMMUNITY
SERVICES IF THEY DID NOT HAVE ENOUGH
MONEY TO COVER A LARGE BILL AND NEEDED
HELP BY AREA

SERVICES TO BE SOUGHT	PENETANG/BROCKVILLE		S.S. MARIE/WINDSOR		TORONTO		COOKS./ATH./BRUCE MINES	
	(N)	%	(N)	%	(N)	%	(N)	%
COMMUNITY SERVICES	(8)	6	(14)	5	(7)	3	(5)	3
Other	(140)	94	(243)	95	(255)	97	(163)	97
Total	(148)	100	(257)*	100	(262)*	100	(168)	100

*8 Missing
  Observations

*3 Missing
  Observations

TABLE 13: NUMBER AND PERCENTAGE OF RESPONDENTS BY WHETHER THEY WOULD SEEK COMMUNITY SERVICES IF THEY WERE UPSET, NERVOUS OR DEPRESSED AND NEEDED SOME HELP BY AREA

SERVICES TO BE SOUGHT	PENETANG/BROCKVILLE		S.S. MARIE/WINDSOR		TORONTO		COOKS./ATH./BRUCE MINES	
	(N)	%	(N)	%	(N)	%	(N)	%
COMMUNITY SERVICES	(3)	2	(13)	5	(4)	2	(8)	5
Other	(145)	98	(252)	95	(260)	98	(160)	95
Total	(148)	100	(265)	100	(264)*	100	(168)	100

*1 Missing Observation

TABLE 14: NUMBER AND PERCENTAGE OF RESPONDENTS BY WHETHER THEY WOULD SEEK COMMUNITY SERVICES IF THEY RAN OUT OF FOOD, IT WAS SNOWING AND THEY NEEDED HELP TO GET TO THE GROCERY STORE BY AREA

SERVICES TO BE SOUGHT	PENETANG/BROCKVILLE		S.S. MARIE/WINDSOR		TORONTO		COOKS./ATH./BRUCE MINES	
	(N)	%	(N)	%	(N)	%	(N)	%
COMMUNITY SERVICES	(7)	5	(4)	2	(5)	2	(2)	1
Other	(141)	95	(257)	98	(258)	98	(166)	99
Total	(148)	100	(261)*	100	(263)*	100	(168)	100

*4 Missing Observations

*2 Missing Observations

TABLE 15: MARITAL STATUS OF RESPONDENTS BY WHETHER THEY INDICATED
THEY WOULD CONTACT COMMUNITY SERVICES FOR ASSISTANCE

(NUMBER AND PERCENTAGE)

SERVICES TO
BE SOUGHT   MARITAL STATUS

	SINGLE		MARRIED		WIDOWED		DIVORCED/ SEPARATED	
	(N)	%	(N)	%	(N)	%	(N)	%
OTHER	(19)	32	(294)	63	(139)	51	(12)	36
COMMUNITY SERVICES	(41)	68	(173)	37	(134)	49	(21)	64
TOTAL*	(60)	100	(467)	100	(273)	100	(22)	100

*3 Missing Observations

Chi Square = 31.54   P $<$.01

TABLE 16:   AGE GROUP OF RESPONDENTS BY WHETHER THEY USED
              COMMUNITY SERVICES

              (NUMBER AND PERCENTAGE)

	AGE GROUP					
	62 - 74		75 - 84		85 +	
	(N)	%	(N)	%	(N)	%
NO COMMUNITY SERVICES USED	(495)	98	(268)	97	(59)	92
COMMUNITY SERVICES USED	(8)	2	(8)	3	(5)	8
TOTAL*	(503)	100	(276)	100	(64)	100

*3 Missing Observations

Chi Square = 9.33   P $<$ .01

TABLE 17: <u>NUMBER AND PERCENTAGE OF RESPONDENTS WHO RECEIVED</u>
<u>THE ASSISTANCE OF COMMUNITY SERVICES BY ACTIVITY</u>

	(N)	%	TOTAL* (N)	%
ACTIVITIES IN THE HOME				
Light Housework	(8)	8	(99)	100
Heavy Housework	(4)	2	(214)	100
Making a Cup of Tea	-	-	(20)	100
Meal Preparation	(2)	1	(40)	100
Laundry	(2)	2	(85)	100
House Repairs	-	-	(110)	100
Climbing Stairs	-	-	(24)	100
Mobility at Home	-	-	(9)	100
Using the Telephone	-	-	(20)	100
Mending	-	-	(26)	100
ACTIVITIES OUTSIDE OF THE HOME				
Yard Work	(1)	.004	(235)	100
Shopping	(1)	.01	(133)	100
Going Out in Good Weather	-	-	(24)	100
Going Out in Bad Weather	-	-	(59)	100
Banking	-	-	(65)	100
Paying Bills	-	-	(120)	100
Financial Assistance	-	-	(21)	100
PERSONAL				
Getting In and Out Bed	-	-	(10)	100
Bathing	(6)	26	(23)	100
Dressing	-	-	(9)	100
Cutting Toenails	(7)	9	(77)	100
Taking Medication	(2)	11	(17)	100

*Total number of persons who received assistance with each activity

TABLE 18:   AGE GROUP OF RESPONDENTS BY USE OF FIVE
              COMMUNITY SERVICES*

              (NUMBER AND PERCENTAGE)

                              AGE GROUP

              62 - 74   75 - 84   85 +
              (N)   %   (N)   %   (N)   %

Did Not Use
Services   (479) 95   (233) 84   (48)   75

Used Services (24)   5   (43)   16   (16)   25

TOTAL**   (503) 100   (276) 100   (64) 100

              Chi Square = 41.37   P <.01

              **3 Missing Observations

* Visting nurses (public health or VON); Visting or Red Cross
  Homemakers, Home Care, Meals on Wheels, and Friendly Visiting
  Service

TABLE 19:　　　MARITAL STATUS OF RESPONDENTS BY USE OF FIVE
　　　　　　　　COMMUNITY SERVICES*

(NUMBER AND PERCENTAGE)

MARITAL STATUS

	SINGLE		MARRIED		WIDOWED		DIVORCED/ SEPARATED	
	(N)	%	(N)	%	(N)	%	(N)	%
Did Not Use Services	(55)	92	(447)	94	(231)	84	(28)	85
Used Services	(5)	8	(28)	6	(44)	16	(5)	15
TOTAL*	(60)	100	(475)	100	(275)	100	(33)	100

*3 Missing Observations

Chi Square = 21.51　　P $<$ .01

* Visting nurses (public health or VON); Visting or Red Cross
  Homemakers, Home Care, Meals on Wheels, and Friendly Visiting
  Service

TABLE 20:   NUMBER OF INTERFERING HEALTH CONDITIONS OF
            RESPONDENTS BY USE OF FIVE COMMUNITY SERVICES*

            (NUMBER AND PERCENTAGE)

NUMBER OF INTERFERING HEALTH CONDITIONS

	0		1		2 - 3		4 - 5		6+	
	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%
Did Not Use Services	(242)	97	(152)	94	(194)	90	(90)	86	(84)	74
Used Services	(7)	3	(10)	6	(22)	10	(15)	14	(30)	26
TOTAL	(249)	100	(162)	100	(216)	100	(105)	100	(114)	100

Chi Square = 53.13 $P < .01$

* Visiting nurses (public health or VON); Visiting or Red Cross
  Homemakers, Home Care, Meals on Wheels, and Friendly Visiting
  Service

TABLE 21:   THE RESPONDENTS' USE OF FIVE COMMUNITY SERVICES*
               BY WHETHER THEY LIVED ALONE OR WITH OTHERS

               (NUMBER AND PERCENTAGE)

	LIVED ALONE		LIVED WITH OTHERS	
	(N)	%	(N)	%
Did Not Use Services	(211)	83	(551)	93
Used Services	(42)	17	(42)	7
TOTAL	(253)	100	(593)	100

Chi Square = 16.92   P <.01

* Visting nurses (public health or VON); Visting or Red Cross
  Homemakers, Home Care, Meals on Wheels, and Friendly Visiting
  Service

TABLE 22:   RESPONSES OF TOTAL SAMPLE TO QUESTION:

"TO ASSIST US IN PLANNING, WHAT
SERVICES WOULD YOU LIKE TO HAVE
AVAILABLE TO HELP YOU AT HOME OR DO
YOU FEEL WOULD BE HELPFUL TO OTHER
SENIOR CITIZENS IN THE COMMUNITY?"

	(N)	%
Don't Know	(258)	40
Home/Yard Maintenance	(46)	7
Improved Transportation	(45)	7
Homemaker/Housekeeping	(36)	6
Information Services	(19)	3
Friendly Visiting Services	(19)	3
Assistance with Personal Care	(17)	3
Security Checks	(15)	2
Meal Preparation	(11)	2
Other (Misc.)	(179)	27
Total*	(645)	100

*201 Missing Observations

TABLE 23:   RESPONSES OF INTERVIEWEES IN
               COOKSTOWN, ATHENS AND BRUCE MINES
               TO QUESTION - "TO ASSIST US IN
               PLANNING, WHAT SERVICES WOULD YOU
               LIKE TO HAVE AVAILABLE TO HELP YOU
               AT HOME OR DO YOU FEEL WOULD BE
               HELPFUL TO OTHER SENIOR CITIZENS
               IN THE COMMUNITY?"

	(N)	%
Don't Know	(44)	41
Improved Transportation	(14)	13
Homemaker/Housekeeping	(7)	7
Home/Yard Maintenance	(6)	6
Housing Facility	(5)	5
Assistance with Personal Care	(2)	2
Other (Misc.)	(30)	29
Total*	(108)	100

*60 Missing Observations

TABLE 24: RESPONSES OF INTERVIEWEES IN PENETANGUISHENE/ BROCKVILLE TO QUESTION - "TO ASSIST US IN PLANNING, WHAT SERVICES WOULD YOU LIKE TO HAVE AVAILABLE TO HELP YOU AT HOME OR DO YOU FEEL WOULD BE HELPFUL TO OTHER SENIOR CITIZENS IN THE COMMUNITY?"

(NUMBER AND PERCENTAGE)

	(N)	%
Don't Know	(55)	47
Home/Yard Maintenance	(8)	7
Improved Transportation	(7)	6
Homemaker/Housekeeping	(6)	5
Information Services	(6)	5
Financial Assistance	(4)	3
Housing Facility	(4)	3
Assistance with Personal Care	(4)	3
Friendly Visiting Services	(4)	3
Other (Misc.)	(23)	12
TOTAL*	(117)	100

*31 Missing Observations

TABLE 25:   RESPONSES OF INTERVIEWEES IN SAULT STE. MARIE/
             WINDSOR TO QUESTION: "TO ASSIST US IN PLANNING,
             WHAT SERVICES WOULD YOU LIKE TO HAVE AVAILABLE
             TO HELP YOU AT HOME OR DO YOU FEEL WOULD BE
             HELPFUL TO OTHER SENIOR CITIZENS IN THE COMMUNITY?"

             (NUMBER AND PERCENTAGE)

	(N)	%
Don't Know	(103)	48
Improved Transportation	(13)	6
Home/Yard Maintenance	(12)	6
Homemaker/Housekeeping	(11)	5
Assistance with Personal Care	(8)	4
Friendly Visiting Services	(7)	3
Security Checks	(7)	3
Meal Preparation	(5)	2
Information Services	(4)	2
Housing Facility	(3)	1
Financial Assistance	(3)	1
Shopping Assistance	(2)	1
Other (Misc.)	(39)	18
TOTAL*	(217)	100

*48 Missing Observations

TABLE 26:   RESPONSES OF INTERVIEWEES IN TORONTO TO QUESTION:
"TO ASSIST US IN PLANNING, WHAT SERVICES WOULD YOU
LIKE TO HAVE AVAILABLE TO HELP YOU AT HOME OR DO
YOU FEEL WOULD BE HELPFUL TO OTHER SENIOR CITIZENS
IN THE COMMUNITY?"

(NUMBER AND PERCENTAGE)

	(N)	%
Don't Know	(56)	28
Home/Yard Maintenance	(20)	10
Shopping	(16)	8
Homemaker/Housekeeping	(12)	6
Improved Transportation	(11)	5
Information Services	(9)	4
Friendly Visiting Services	(8)	4
Security Checks	(7)	3
Housing Facility	(6)	3
Meal Preparation	(5)	3
Other (Misc.)	(53)	26
TOTAL*	(203)	100

*62 Missing Observations

APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.

2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.

3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.

4. Elderly Residents in Ontario: Their Use of Transportation.

5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.

6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.

7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.

9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.

10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.

11. Elderly Residents in Ontario: Differences by Marital Status With Particular Focus on Those Who Are Single.

12. <u>Elderly Residents in Ontario: Income Group Differences</u>.

13. <u>Elderly Residents in Ontario: Rural-Urban Differences</u>.

 The series also includes:

14. <u>Elderly Residents in Ontario: Study Methodology</u>: a paper
     outlining the background of the study and the research
     methods employed.

15. <u>Elderly Residents in Ontario: An Overview</u>: a paper
     summarizing the findings and content of the other fourteen
     papers in the series.

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APPENDIX

GLOSSARY

Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occuring by chance.

Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).

Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.

Community Agency/ Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.

Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.

Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.

Dependent Variable: the outcome or determined condition in a relationship between two or more variables.

Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)

Frail: reports of three or more disabilities was the basis for defining a person as frail.

Frequencies: descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.

Friendly Visiting: a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.

G.I.S.:   Guaranteed Income Supplement — a federal government supplement given to seniors to ensure that their income is at a specified level.

GAINS-A: Ontario provincial income supplement for senior citizens.

Health Care System: family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.

Home Care: a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.

Independent Variables: the determining condition in a relationship of two or more variables.

Institutional Settings: nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.

Instrument: the tool used to gather data; in this case the tool was an interview schedule.

Interfering Health Conditions: health conditions identified by a physician which the respondents consider to interfere with their day to day activities.

Interview Schedule: the questionnaire used by the interviewer to ask questions and record information.

Leisure Activity: an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.

Mean ($\overline{X}$): the sum of all the observations divided by the number of observations.

Missing Observations: instances in which the information is not available for a particular question.

Multiple Response: a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.

OARS ADL Scale: specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).

Old Age Security Data Base: a complete listing of all persons aged 62+ who receive the Old Age Security Pension and the Spouse's Allowance.

Paid Help: distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.

Personal Care Activities: activities such as bathing, dressing and getting in and out of bed.

Pretest: the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously Married:	individuals who were married but are not presently married due to being widowed, divorced or separated.
Random Sample:	a process for sample selection in which every element in the population is given an equal chance of being picked.
Represenativeness:	the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.
S.D.:	a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.
SPSS:	Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.
Sample:	part of the population at large, selected for study.
Sample Frame:	the base from which a sample is drawn, i.e., list of names.
Significant Differences:	determined through a statistical procedure to establish that the relationship between variables did not occur by chance.
Single:	persons who have never been married or are not living common-law.
Social Contacts:	visits with friends and family or in person.
Socio-Economic:	characteristics frequently used to measure social status such as educational level or income.
Stratified Sample:	a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing Arrangements: a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau: Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

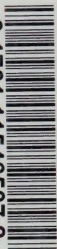**Variable:**   refers to a particular characteristic of the sample being considered.

Volunteer: a person who gives his/her time to a particular cause or organization without pay.

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     a Behavioural Model of Demand to an Elderly Population.
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